

Ongoing Services Standards



Division of Safety and Permanence

June 2016

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ONGOING SERVICES STANDARDS

INTRODUCTION

The Child Welfare Ongoing Services Standards provide a framework for the ongoing case process and focus on safety, permanence, and well-being for children and their families served under Wisconsin Statute Chapters 48 and 938. Practice expectations set by the Standards ensure families statewide receive consistent, effective, and responsive intervention that supports the change process. Practice requirements are contained within the boxes, and additional information is included in the Standards outside of the boxes to provide further guidance about case practice. Child welfare agencies must ensure that all actions of either agency or contracted staff comply with Standards. While the Standards establish requirements throughout the ongoing case process, county agencies and the Division of Milwaukee Child Protective Services (DMCPS) may develop more prescriptive policies and procedures.

When conditions exist to warrant the opening of a family case for Ongoing Services, on a voluntary basis or by a court order, the purpose of agency intervention must be clearly communicated to all involved parties. The purpose of agency intervention directs the case planning process and clarifies the caseworker's role with the household as well as formal and informal providers. Service provision decisions are based on inclusive assessments and planning with the family to establish goals that achieve measurable outcomes. Throughout the provision of Ongoing Services, the primary role of the agency caseworker is to engage families in a positive working relationship to achieve a safe, stable home and permanence for children.

Safety

Safety intervention for Child Protective Services cases is a continual process concluding with case closure. The safety process focuses on assessing for, and controlling, impending danger while collaborating with parents or caregivers to establish a capacity to minimize risk factors, protect children from harm, and provide a safe and nurturing environment.

Child Protective Services (CPS) implements and manages sufficient, feasible, and sustainable safety plans to control impending danger. Implementing a safety plan does not mean a child is safe; rather, impending danger is controlled through an in-home safety plan or an out-of-home placement until protective capacities are established and identified safety threats are eliminated. When out-of-home placement is required, agencies must determine whether the placement environment is safe for the duration of the placement.

The safety intervention process uses a family centered approach where parents or caregivers are viewed as the experts in their family and, as such, are the focus of the intervention. This requires agencies to continually engage families in a change process while simultaneously recognizing that only the family can decide when or if they are ready to change. Support of a parent's or caregiver's right to self-determination is significant in achieving sustainable change and ensuring safety for children in the household.

Permanence

Permanency planning occurs simultaneously with the family's involvement with the child welfare agency. Prompt actions to maintain a child safely in the home or permanently place the child in a safe, alternate family setting positively influences the quality of a child's permanent relationships, cultural identity, and sense of self.

Planning for permanence includes establishing lifelong connections for the child by fostering relationships with extended family and caregivers. Partnerships between the family and out-of-home care providers foster examination of the specific conditions required to achieve permanency. These conditions must be included in the goals specified in the family plan or court order.

Permanency planning consultation is available to plan for a child's permanence in a timely manner. Permanency consultation assists agency staff in evaluating whether a particular goal is appropriate and how to address barriers to achieving permanence. The Department of Children and Families' permanency consultants serve as resources for consideration of all permanency options.

Well-Being

A child's well-being is dependent upon the caretaker's ability to meet their physical health, mental health, behavioral health, educational and cultural needs. Agencies should make efforts to assess children's and adult's needs in these areas throughout the case process and address identified needs as part of case planning activities. Children and families should be meaningfully engaged in all aspects of the service process to build and maintain a trusting, supportive working relationship

Safe Case Closure

Safe case closure occurs when a child is safe, protected, and in a permanent and stable home. The agency does not automatically close a case upon reaching permanence, but works with a family to establish supports before ending involvement. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent or caregiver resources and assistance once agency involvement ends.

REQUIREMENTS FOR ALL CASES

The Case Transition Process

Transitioning occurs when the agency explains the purpose of continued agency intervention while introducing the family to a new caseworker.

The Case Transition Process includes:

- Sharing and understanding information collected and decisions made during the initial assessment process, ongoing case management services, or other points in the case process.
- Ensuring a clear understanding of roles and responsibilities of caseworkers and formal and informal family supports.
- Identifying additional agency and community resources, services, and supports to the family.
- Preparing the newly assigned caseworker for the initial meeting with the family.

Applicability

This Standard applies to all cases except juvenile justice in-home when a case transitions from one caseworker to another caseworker. This includes, but is not limited to:

- Internal agency case transitions.
- Changes of venue from one county to another county.
- Transitions from a county to an Indian Child Welfare Agency.
- Joint supervision cases.
- Transitions from a county caseworker to a state permanency consultant or contracted adoption caseworker transitions.

Case Management during the Transition Process

The caseworker initiating the case transition maintains responsibility for managing the case until the conclusion of the case transition staffing. This includes:

- Managing and overseeing the safety plan, as applicable.
- Managing and overseeing the family interaction plan, as applicable.
- Communicating with children and parents/caregivers.
- Communicating with assigned tribal workers, formal and informal service providers, and out-of-home care providers.

When there is more than one caseworker assigned to a case, those case workers shall determine who has the responsibility for the items listed above.

Preparing for Case Transition

The newly assigned caseworker reviews case documentation to prepare for the transition staffing. Full disclosure of case information and determinations assists the caseworker in assuming safety and case management responsibilities. The following documentation will be reviewed prior to the transition staffing:

- All assessments
- Case plan, permanency plan and court report and any other court related documentation, if available
- Safety analysis, if applicable
- In-home safety plan, if applicable
- Confirming Safe Environments, if applicable
- Family Interaction Plan, if applicable
- Child and Adolescent Needs and Strengths tool (CANS) results, if applicable
- Out-of-Home Care support plan, if applicable

Case Transition Staffing

Requirements for All Cases

In cases where the Initial Assessment process requires a case opening for Ongoing Services, the case transition staffing must occur within seven business days from the Ongoing Services supervisor receipt of an approved Initial Assessment in eWiSACWIS. The case transition staffing must include both the Initial Assessment and the Ongoing Services caseworkers.

For all other types of case transition, the two agency workers must schedule a case transition staffing.

The following must be discussed at the case transition staffing:

- Case documentation, gaps in information, and decisions made.
- Child needs, including a summary of medical, mental health, and school information, as available.
- Whether a child has been found to be an Indian child in accordance with the Wisconsin Indian Child Welfare Act (WICWA); and if so, the steps taken to notify and involve the tribe.
- Any existing court orders, upcoming court obligations, and timeframes for the completion of court reports.
- Status of involvement of any non-custodial or absent parent and the caseworker's due diligence to locate and involve.
- Status of the Birth-to-Three referral or services when maltreatment has been substantiated involving a child under the age of three.

Additional Requirements When a Child Is Unsafe (CPS Cases)

Safety management is the primary responsibility of the agency when a CPS case is transitioned. The case transition process communicates the status of impending danger to the worker receiving the case who examines the safety plan to ensure it is sufficient, feasible, and sustainable.

In addition to sharing case documentation, a face-to-face discussion must occur between the current and receiving caseworkers, with caregivers and family members; and with providers in the safety plan. This interaction must be timely to ensure the oversight of the safety plan continues during case transition to ensure children are safe and protected.

When a child is unsafe, the case transition staffing includes the disclosure of:

- Identified impending danger.
- The safety analysis and whether it resulted in the least intrusive, sufficient, feasible, and sustainable safety plan.
- The identified safety services/actions and whether they continue to be available at the needed frequency to control each impending danger threat.
- The continued suitability, role, and commitment of safety service providers.
- The presence of existing parent/caregiver protective capacities and general family strengths.
- The status of parent/caregiver involvement in the safety plan.

Additional Requirements When a Child is Placed in Out-of-Home Care

When a child is placed in out-of-home care on a Child in Need of Protection or Services (CHIPS) order or a through a Voluntary Placement Agreement, the case transition staffing must also include the family interaction plan, including sibling contact, and whether it is sufficient to meet the developmental needs of the child. (For additional information, refer to the “Family Interaction for Child Protective Services Cases When a Child is in Out-of-Home Care” section, located on page 171)

For all children placed in out-of-home care, Child in Need of Protection or Services (CHIPS) order, Juvenile in Need of Protection or Services (JIPS) order, or Delinquency order, the case transition staffing must focus on the status of the child’s current placement. The following must be discussed:

- Information about the safety of the placement setting (Confirming Safe Environments).
- The most recent face-to-face contacts with the child, parent(s), and placement provider.
- Efforts to locate and place the child with relatives, siblings or other adults identified by the parent.

- The results of the Child and Adolescent Needs and Strengths tool (CANS) and any implications for service needs for the child or placement provider.
- The status of the placement and licensing process for any relative caregivers, as applicable.
- Efforts to ensure that the child has regular opportunities to engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- The child's eligibility for independent living services, as applicable.
- Efforts to confirm whether the child is a member or eligible for membership in a tribe.
- Compliance with the Wisconsin Indian Child Welfare Act (WICWA) placement preferences under s. 48.012(7) for eligible Indian children unless good cause exists to depart from the placement preferences as provided in s. 48.028(7)(e) and whether required notification has been sent to the tribe.

For additional WICWA information and requirements, refer to the DCF Wisconsin Indian Child Welfare Act Desk Aid in Appendix I, page 241.

Supervisors and tribal or private agency workers, as applicable, should participate in the case transition staffing to assist in understanding and clarifying case outcomes and decisions. Early collaboration should occur with the tribal social service agency according to Active Efforts requirements of WICWA. In some cases, tribal agencies will not assign a worker at the onset of Ongoing Services, but will ask that information regarding the child's case be shared to inform future decisions.

Case transition to a caseworker may occur during or following the completion of the initial assessment. In some cases, the case will transition to Ongoing Services, but will not transfer to a new caseworker. In these situations, the caseworker and supervisor will need to focus on changing roles and responsibilities to provide necessary services and supports to the child and family.

Case Transition Staffing Decisions

Readiness for Case Transition

Situations may exist where caseworkers or supervisors disagree about readiness of the case for transition to a new caseworker or agency. Each county agency must develop a policy to address these situations for internal case transitions.

The Department of Children and Families has current policy for accepting cases from county agencies as children transition to permanence. County agencies should reference the "Wisconsin Inter-County Agreement on Venue, Jurisdiction, Placement, and Funding Responsibility in CHIPS, JIPS, and Delinquency Cases" to support transitions between county agencies. This agreement is located at <http://www.wchsa.org>

Modifying the Safety Plan

When results of the case transition staffing determines the safety plan is not sufficient, feasible, or sustainable, the ongoing caseworker meets with the family to modify the safety plan to effectively control impending danger. Changes must be made with and communicated to all participants and providers involved in the safety plan.

Modifications to the safety analysis and plan must be approved by a supervisor and documented on a new safety plan in eWiSACWIS.

Documentation

The content, date, and time of the case transition staffing must be documented as a case note in the eWiSACWIS case record. Agencies must determine which caseworker is responsible for documenting this information.

New Information on Cases in Ongoing Services

At times, county agencies receive new reports of alleged maltreatment about cases open with Ongoing Services. In other circumstances, the assigned caseworker may observe or receive new information about a family or out-of-home caregiver and must determine if the information requires a CPS response, a modification to an existing safety plan, or a change in services or supports. In some cases, reported information does not contain any new allegations of maltreatment, but is simply case information already being addressed in the case or safety plan. In all of these situations, the caseworker must seek supervisory consultation to formulate the appropriate response.

CPS Reports on Ongoing Services Cases or Placements in Out-of-Home Care.

When a report of alleged maltreatment is received by the caseworker that involves a child in a case that is currently open for Ongoing Services or regarding an out-of-home care provider, the report must be screened and responded to, as necessary, in compliance with the “Child Protective Services Access and Initial Assessment Standards.”

When a Client Moves

When families involved in the child welfare system relocate to another county or state, the agency may need to request a home study, supervision, or other services for the family at their new location.

Requirements to Notify Agency When a Client Moves to a New County

When a county department learns a family currently receiving services has moved to a new county, the original county must notify the new county of residence or Division of Milwaukee Child Protective Services of the family's change in residence. Notice must be provided to the new county of residence even if the original county of residence is not seeking any assistance, involvement, or change of venue from the new county agency. The notice must include:

- A brief written description of the services offered or provided to the person by the previous county.
- The name, telephone number, and email address of a person in the previous county to contact for any additional information.

For cases involving court orders, a change in venue can be pursued once the client has established residency in a new county for six months.

For additional information, refer to Department of Children and Families (DCF) Memo Series 2007-20, "Requirement to Notify Agency When a Client Moves to a New County": http://dcf.wisconsin.gov/memos/num_memos/2007/2007-20.pdf.

Interstate Compact on the Placement of Children

Wisconsin's Interstate Compact on the Placement of Children (ICPC) (s. 48.988, Stats.) ensures children in need of out-of-home placement in and from other states receive the same protections guaranteed to children placed in care within Wisconsin. The law offers states uniform guidelines and procedures to ensure these placements promote the best interests of each child.

When a child's case is under court jurisdiction, the ICPC process is the mechanism public and private child placing agencies use to obtain a home study of a proposed placement resource in another state prior to moving the child. The ICPC also provides for supervision of a Wisconsin court order for a child's placement or residence when a family moves to another state.

Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children (ICPC) process is used for CPS, Child in Need of Protection or Services (CHIPS), Juvenile in need of Protective Services (JIPS) Temporary Physical Custody (TPC) cases and consent decrees. The Compact applies to four types of situations in which children may be sent to other states:

- Placement preliminary to adoption.
- Placements into foster homes, group homes, residential care centers.
- Placements with parents and relatives when a parent or relative is not making the placement.
- Placements of adjudicated delinquents in institutions in other states.

ICPC does not apply to placement into a medical facility, a boarding school, or a mental health facility.

The ICPC process must be used when an agency explores a placement or residency option in another state. The ICPC process is only used when there is a court order in a case, including a consent decree, and may include such cases when a parent requests placement in another state, or when a parent requests to move to another state.

In these circumstances, the agency initiates the home study process through the Wisconsin ICPC office. The Wisconsin ICPC office facilitates and monitors the request and notifies the county if the home study is approved by the receiving state. No Wisconsin child under the jurisdiction of an agency can be moved from one state to another state without the approval of the Wisconsin ICPC office as required under the ICPC.

An out-of-state placement which requires ICPC approval is illegal without approval from the Wisconsin ICPC office. Additionally, Wisconsin court orders will not be supervised by the receiving state without the approval of the Wisconsin ICPC office.

Additional information about the ICPC process is located at s. 49.988, Stats. and at the DCF website (<http://dcf.wisconsin.gov/children/ICPC/INDEX.HTM>)

Documentation

All documentation related to ICPC requests must be on forms created by the Department of Children and Families. Forms are found at:

<http://dcf.wisconsin.gov/children/ICPC/forms/forms.htm>

Interstate Compact for Juveniles

The Interstate Compact for Juveniles (ICJ) process is used for Juveniles in Need of Protection or Services (JIPS), Deferred Prosecutions, Consent Decrees and Delinquency cases. The ICJ is an agreement between states that has the force of federal law. The ICJ provides for the cooperative supervision of juveniles on probation and parole that move across state lines. It also assists states in returning youth who run away, escape, or abscond across state lines.

For additional information on the ICJ process, please refer to s. 938.999, Stats. and the Department of Corrections (DOC) website http://www.wi-doc.com/index_juvenile.htm

Documentation

All documentation related to IJC requests must be on official ICJ forms published for Wisconsin by the Division of Juvenile Corrections, Wisconsin Department of Corrections (DOC). Forms are found at http://www.wi-doc.com/index_juvenile.htm

Exceptions

Exceptions

An exception occurs when the intent of the specific requirement must be met in an alternative manner. An exception is not the same as a waiver. A waiver means that the requirement need not be followed.

Exceptions must be made only when the justification and alternative provision is documented in the case record following supervisory approval. Exceptions will not be granted for requirements of state statutes, federal law, or administrative rules.

IN-HOME CHILD PROTECTIVE SERVICES CASES

General Information

In-home child protective services (CPS) cases involve an unsafe child where impending danger is controlled and managed through an in-home safety plan. A thorough understanding of child safety decisions and actions is essential for caseworkers since safety assessment, analysis, planning, and the management of child safety occurs in every aspect of CPS involvement with a family.

Fundamental intervention responsibilities of ongoing services include:

- Evaluating the existing safety plan developed during initial assessment/investigation.
- Ensuring child safety through continuous assessment, oversight, and adjustment of safety plans.
- Engaging families in the case planning process that identify underlying needs and directs services to address threats to child safety.
- Measuring progress related to establishing parent/caregiver protective capacities and eliminating safety related issues.
- Achieving stability for all in-home child protective services cases.

Applicability – In-Home Child Protective Services Cases

This Standard applies when the initial assessment process concludes a child is unsafe, and ongoing services are required to control impending danger through an in-home safety plan.

Agencies must ensure all actions of agency or contracted provider staff complies with this Standard.

Assessment and Planning Process

The assessment and planning process supports an integrated child protective services (CPS) system by building on information gathered during the initial assessment. The assessment and plan is an intervention service completed in partnership with the child and the family to empower parents or caregivers to protect and care for their children. The plan may identify several types of goals including establishing parent or caregiver protective capacities, improving the child's educational, physical, or behavioral health needs, and achieving stability.

The four components of the assessment and planning process include:

- Preparing for Assessment
- Introducing the Change Process
- Determining What Must Change
- Developing the Plan

Preparing for Assessment

Preparing for the assessment process begins prior to the case transition staffing. Being familiar with case information assists the caseworker in fully understanding impending danger, diminished parent or caregiver protective capacities, and supports the caseworker during intervention with the family. A review of case information includes, but is not limited to:

- All assessments and evaluations
- Any current or pertinent historical planning documentation
- Any court related documentation, if available
- Safety Analysis and Plan
- In-home Safety

Introducing the Change Process

Throughout Ongoing CPS services, the caseworker must engage the family in a change process, which ultimately results in safe case closure. Families should be actively involved in case planning and implementation. Caseworkers must fully disclose the family's rights and responsibilities in case planning, implementation, and evaluation.

Timeframe for Initial Contacts

The caseworker must have face-to-face contact within seven business days of the case transition staffing with the parents or caregivers and children unless the in-home safety plan dictates more immediate contact with the family. Within this timeframe the caseworker must communicate with in-home safety plan participants and providers to:

- Provide the caseworker's name and contact information.
- Elicit understanding regarding the reason for the safety plan.
- Clarify each individual's role in the safety plan with respect to ensuring child safety.
- Confirm continued commitment and ability to remain actively involved in meeting the expectations of the safety plan.

The initial contact with the family is to introduce the caseworker and explain both the changing role of the agency and the assessment and planning process. Whenever possible, the first face-to-face contact with the family should occur in the family's home and include the entire household. In families where domestic violence has been identified or is suspected, the agency should assess whether scheduling family meetings will jeopardize the safety of a family member or any other participant, including agency staff.

Engagement during the Change Process

During the initial contacts, the caseworker must engage the family and child, in a culturally sensitive and developmentally appropriate manner, around key decisions involving safety, stability, and well-being for the child. Engagement includes providing the child and family the opportunity to actively participate, and influence the change process. Caseworkers must discuss the following:

- The differences between the Initial Assessment and Ongoing Services processes including the roles and responsibilities of the Ongoing Services caseworker.
- The reason for agency involvement.
- The assessed level of intervention required to maintain child safety and the possible outcomes should the parents or caregivers not cooperate with the safety plan.
- The Ongoing Services process and collaboration needed from parents or caregivers.
- The status of the court process, as applicable.
- The purpose for involvement of non-custodial parents, relatives, and informal supports as potential resources for the child and family. For additional information, refer to Chapter VII in the Child Welfare Ongoing Services Standards manual; the “Locating and Involving Non-Custodial Parents, Alleged Fathers and Other Relatives” policy.
- The child’s possible membership or eligibility in a tribe.

For additional WICWA information and requirements, refer to the DCF Wisconsin Indian Child Welfare Act Desk Aid located in Appendix I, page 241.

Child and Family Team Meetings

Child and family team meetings engage families in case planning. Child and family team meetings use a strengths and needs based, solution focused approach that incorporates the values and principles of family centeredness, respectful interaction, cultural responsiveness, and partnership.

The size, composition, function, and goals of the family team must be driven by the underlying needs and safety concerns of the family. The team must be identified by the family and consist of extended family members, the caseworker, informal/formal supports and service providers. Ideally, all of the identified team members are committed to the family's goals and invested in change.

Initial Child and Family Team Meetings

Initial child and family team meetings should occur during the assessment and planning phase of the case process. The purpose of the initial team meeting is to:

- Engage the family in the case planning process.
- Discuss information contained in the assessments and safety analysis and plan.
- Discuss services provided.
- Identify the family's strengths and underlying needs.
- Identify the family's goal(s).
- Establish appropriate timeframes for the achievement of goals.
- Identify the plan for meeting the family's underlying needs.
- Identify services needed to address underlying needs.
- Identify the roles and responsibilities of the team members.

Subsequent Meetings

The frequency of subsequent child and family team meetings must be determined by the family team along with the caseworker and should remain consistent. The purpose of subsequent team meetings is to:

- Continue engaging the family in the case planning process.
- Track and adjust the case plan and the in-home safety plan.
- Clarify team member roles and responsibilities.
- Evaluate the effectiveness of services.
- Evaluate progress towards change.
- Inform and update team members on progress and changes to the goals or plans.

Determining What Must Change

An essential safety intervention responsibility at this stage is to evaluate caregiver protective capacity since impending danger is controlled by the safety plan. Information from the initial assessment provides the foundation for determining caregiver protective capacities. Throughout the assessment process, the caseworker clarifies and gathers additional information, and collaborates with parents, relatives, and informal and formal supports to gain consensus regarding the changes necessary to achieve a safe, stable, and permanent home, thereby allowing for safe case closure.

The Assessment Process with the Family

Based on the information discovered throughout the assessment process, the caseworker and parents or caregivers continue with discussions about a change strategy that will result in a plan that leads to safety in the household.

This process includes:

Gathering and assessing information in the following areas:

- Whether a child is an Indian child in accordance with the Wisconsin Indian Child Welfare Act (WICWA) and if steps have been taken to notify and involve the tribe.
- Child functioning and well-being (school/child care setting: learning and development, medical/dental/mental health needs, physical/emotional/behavioral functioning, familial relationships, social skills, impact of trauma on the child, risk behavior, strengths, the effects of the culture of the child and family on service provision).
- Adult functioning (physical/emotional/behavioral functioning, etc.).
- Parenting practices (discipline/approach to parenting/expectations, etc.).
- Family functioning (current service provision, individuals the child and family identifies as supports and resources, social activities).

Sharing information with children and families in order to:

- Identify family strengths, supports, and existing parent/caregiver protective capacities that contribute to child protection. Understand what parents/caregivers identify as strengths about themselves as individuals and in their caregiving role.
- Examine the relationship between diminished parent/caregiver protective capacities and impending danger.
- Determine the family's perception and level of agreement with the caseworker regarding diminished protective capacities and impending danger.
- Assess if parents/caregivers are ready, willing, and able to consider necessary change related to diminished protective capacities.
- Identify the needs and strengths of children and parents/caregivers and identify ways in which parents/caregivers can be involved in meeting the needs of their children or how the needs will otherwise be met.
- Determine whether any professional evaluations (i.e. mental health, medical, educational) are needed for the child or parents/caregivers to inform case plan services.
- Determine with the family the most logical place to begin focusing on change, setting goals and identifying potential service options.
- Confirm that impending danger is controlled and managed with a sufficient, feasible, and sustainable safety plan.
- Determine with the family the need for any remedial services and rehabilitation programs offered under s. 48.028(4)(d)2, Stats. in an effort to prevent the breakup of the Indian family.

Use of the Child and Adolescent Needs and Strengths Assessment

In addition to the information above, agencies may want to consider other resources such as the Child and Adolescent Needs and Strengths (CANS) tool. The CANS may be used to:

- Identify the needs and strengths of the child.
- Determine the ability of the parent/caregiver to meet the child's needs.
- Evaluate the stability of the home.

Developing the Case Plan

When a case is opened for Ongoing Services, goals focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the parents/caregivers can adequately manage child protection without intervention. The case plan organizes case activity and is a tool for communicating with parents/caregivers, children, family members, court parties, and other individuals involved in providing supports and services to the family.

The caseworker is responsible for overseeing the implementation of the plan and working with parents/caregivers to facilitate change. Managing the plan and change strategies involves ensuring the plan targets goals associated with enhancing diminished caregiver protective

capacities and achieving stability. The purpose of the plan is to identify steps toward establishing a safe environment for the child.

Planning and Developing Goals with the Child and Family

The priority in the planning process is to determine the order in which diminished parent/caregiver protective capacities are addressed in the plan. This process with the family includes:

- Identifying household behaviors that need to change and the behaviors that need to be demonstrated and sustained.
- Developing behaviorally stated, measurable goals related to enhancing parents/caregivers protective capacity that are phrased in the family's own terminology.
- Confirming any specific needs and strengths for children and parents or caregivers and how those needs will be addressed.
- Identifying supports and change strategies to assist the family in achieving stability and safe case closure.
- Identifying services and activities that are acceptable, accessible and appropriately matched with what must change.
- Ensuring goals establish a sufficient behavioral benchmark for evaluating change.
- Planning to identify, locate, and involve non-custodial or absent parents and relatives as resources for children. (For additional information, refer to "Locating Non-Custodial Parent / Relatives," page 172.)
- When the child is an Indian child, making active efforts to prevent the breakup of the Indian family through the use of remedial services and rehabilitation programs as provided in WICWA.

Caseworkers should be aware of confidentiality restrictions on the use of information in a case record, either on paper or in eWiSACWIS and in KIDS. Please review DCF Numbered Memo 2004-13B and Information Memo 2006-19 for additional information.

When seeking information from people or resources outside the case, caseworkers must continue to maintain confidentiality as required by law about the identity and circumstances of the children and families with whom they are working.

Case Assessment and Plan Documentation

The caseworker must complete and document the case plan no later than 60 days from the case transition staffing when there is an In-home safety plan. All case assessment and plan requirements must be documented in the family case record in the eWiSACWIS case plan (DCF-F-CFS2132-E). The case plan must include:

- General person management and case maintenance information to ensure the case record is up-to-date (family demographics, agency and legal).
- Child functioning, adult functioning, parent functioning and parenting practices, and family functioning information.
- Criteria based goals (focused on diminished caregiver protective capacities that are behaviorally stated, understandable to the family, specific and measurable).
- Services for the child and family.
- Safety assessments, plans, and conclusions.

Additional Requirements When the Child is an Indian Child

The following must also be documented in the case plan when the child is an Indian child:

- The name, address, and telephone number of the Indian child's parent, Indian custodian, and tribe.
- A description of the remedial services and rehabilitation programs offered under s. 48.028(4)(d)2, Stats. in an effort to prevent the breakup of the Indian family as provided in WICWA.

For additional WICWA information and requirements, refer to the DCF Wisconsin Indian Child Welfare Act Desk Aid in Appendix I, page 241.

After supervisory approval, a copy of the plan must be provided to parents/caregivers, tribes and, as appropriate, children.

Reaching Consensus on the Case Plan

If agreement or consensus cannot be reached with the family at the conclusion of the planning process, the caseworker develops case plan goals and services, which have the most impact on enhancing parent/caregiver protective capacities. The supervisor or other team members should be consulted to assist or offer advice about developing goals.

The caseworker then informs parents/caregivers of the case plan decisions made as well as of the agency's continuing responsibility for child safety. Additionally, the caseworker will need to inform the parents/caregivers of the alternatives or outcomes of not cooperating with the plan.

If a previously uninvolved parent/caregiver becomes engaged following the completion of the case plan, consideration should be given to revising the case plan to accurately reflect that parent's perceptions and feedback.

Managing Safety During Ongoing Services

The essential safety intervention responsibility during service provision is oversight of the safety plan. Safety management requires consistent interaction with parents/caregivers, family members, and people involved in the safety plan. The purpose of this contact is to ensure the safety plan is implemented as planned and that nothing is hindering its effectiveness.

Safety management includes being vigilant about the need to adjust the safety plan. This responsibility includes being alert to changes in a family or individuals that influence impending danger. Safety management is provisional or dynamic. It is subject to change or adjustment based on what is happening with parents/caregivers and families. Safety management needs to be flexible so that safety activities, actions, and tasks can be increased or decreased based on the status of impending danger and changes in parent/caregiver protective capacities. Revising safety plans is a high priority in order to ensure only the necessary level of intrusion occurs in the family.

Effective management of safety plans includes:

- Coordinating safety interventions and guiding tasks, activities and actions.
 - Are the details of the safety plan well understood by everyone involved? Are activities occurring as planned without disruption? Are providers and participants where they are supposed to be at designated times? Are necessary resources available? Are resources implemented appropriately?
- Evaluating the provision of safety services.
 - Are safety services still working? Are participants/providers continuing to carry out their defined role in the safety plan? Are children safe? Are services still available and accessible at the required level to have an immediate impact on child safety?
- Reassessing parent/caregiver commitment and willingness.
 - Are the parents/caregivers still willing to accept the safety plan? Are they cooperative with providers? Do they understand the need for the safety plan?
- Facilitating communication.
 - Is everyone involved in the safety plan well informed about expectations, progress, barriers, etc.? Is there open communication between CPS, the family, and safety service providers? Do safety plan participants and providers keep CPS informed? Does CPS have to mediate and resolve any problems about participant roles or expectations?
- Continuing to assess safety.
 - Is impending danger still apparent? Are threats changing? What affects them? Are there new threats? Can intrusion be reduced? Should different services or providers be installed? Can the family assume more responsibility?
- Revising the safety plan.
 - Do changes regarding impending danger or parent/caregiver protective capacities prompt revisions to the safety plan? Do these changes require more intrusion? Do they require less intrusion? Are services and providers available and accessible to have an immediate impact?

Monitoring Safety

In-Home Safety Management

The CPS caseworker must continuously review and evaluate the adequacy of an in-home safety plan. Information gathered from the parents/caregivers, child, and service providers is used to evaluate and confirm child safety by:

- Ensuring that the services put in place continue to control identified impending danger threats.
- Ensuring that the commitments by the family and providers remain intact.
- Determining whether previously identified impending danger threats have been eliminated or if the severity has been reduced or increased.
- Determining if new safety threats have emerged.
- Modifying the safety plan (impending danger threats examples in Appendix II, page 246) or case plan (protective capacities), when new safety threats have emerged. This may require a new safety analysis and plan.
- The safety plan is revised and documented in eWiSACWIS when contacts, observations, and gathered information indicate positive or negative changes related to parent/caregiver protective capacities or impending danger threats to child safety.

Documentation

Information related to the requirements of safety management must be documented monthly at a minimum in a case note and if impending dangers emerge, in the Safety Analysis and Plan in eWiSACWIS.

Contacts during Ongoing Services

Establishing a relationship with the family is fundamental to developing a better understanding of the dynamics of the family that led to agency intervention and engaging the family in a change process. Accomplishing this necessitates a high level of contact by the caseworker to collaborate with the family in working toward reducing or eliminating impending danger and reaching permanence at the earliest point possible.

The frequency of face-to-face contact is based on the needs of the family as identified in the safety or case plan. During ongoing services, face-to-face contact is important as a means to continuously assess safety and achieve permanence for children. To achieve this, it may be necessary to occasionally conduct unannounced face-to-face contacts or, when appropriate, visits with the child should be alternated between the placement location and another community setting (e.g. daycare, school, counseling appointment). In these instances, the face-to-face contact should occur in a manner consistent with the purpose of the home visit and is respectful of the child and parents or caregivers involved in the contact. Transparency is fundamental to respect and engagement of the family particularly when unscheduled face-to-face contact is used.

Variations of face-to-face contacts should be discussed at the onset of the case to be upfront and honest with the family about the process.

Frequency of Face-to-Face Contact

Caseworker face-to-face contacts focus on the safety, permanence, and well-being needs of the child and must be sufficient to address the requirements of safety planning and goals of the case plan. The agency ensures that child(ren) and individuals in a caretaking role have monthly face-to-face contact with the caseworker (or designee) unless there is an in-home safety plan.

Documentation

The Ongoing Services caseworker must document both completed and attempted face-to-face contacts with parents/caregivers and children in eWiSACWIS as a case note. The case note must include, at a minimum, the following information:

- Date, time, and duration of the visit.
- Participants involved.
- Location of the visit.
- Type of contact.
- Purpose and summary of the results of the contact.

In addition, at least one case note a month must include the following information:

- The status of impending danger; the sufficiency, feasibility, and sustainability of the safety plan and any needed revisions. The case note must also include an evaluation of impending danger; a review of safety service actions and timeframes; a discussion of issues requiring resolution or clarification with safety service providers; the commitment of providers to remain involved in the plan; and, whether family members understand and agree with their role in the safety plan.
- The progress towards meeting goals of the case plan, including information about whether family members understand their role in the change process; the parent's engagement and involvement in the change process; and any increase/enhancement in protective capacities that would mitigate identified threats.

Effective use of caseworker contacts supports monthly in person contact to move the family forward in achieving a safe, permanent, and stable home. Progress and change related to enhancing parent/caregiver protective capacities are the essential concern along with achieving timely permanence for the child. The caseworker is the most powerful tool for gathering safety-related information during contact with the family and providers. Documentation of the contact should reflect the caseworker's actions in working with the family, child, and providers to achieve timely permanence, safety, and stability for the child.

Locating & Involving Non-Custodial or Absent Parents and Relatives

Locating and involving non-custodial or absent parents and relatives is valuable when a child remains in the family home with a Child in Need of Protection or Services (CHIPS) order or on a voluntary basis. Diligent efforts to search for non-custodial or absent parents should be ongoing for children who remain in the home under a CHIPS order as they have the potential to be a valuable resource throughout the child's life. Parents have specific rights regarding their children that must be protected when intervention occurs. Relatives have the ability to be a less formal resource for the child and a permanent connection that will last beyond the child's involvement in the child welfare system. Therefore, relative searches should continue until the caseworker believes that the child's needs have been met or could be met by the relatives who have been located.

When one or both of the child's parent(s)'s whereabouts are unknown, the agency must make both continuous and diligent efforts to locate and engage the non-custodial or absent parent in the case planning process when it is likely the child will be placed in out-of-home care.

In the above circumstances, if a parent continues to refuse to provide any information about a non-custodial parent or other relatives, the caseworker must consult with the corporation counsel or district attorney to determine the appropriateness of having the court order the parent or legal guardian to provide the information.

For additional information, refer to Appendix III "Locating Non-Custodial Parents / Relatives – Search tools" on page 253.

Caseworkers should be aware of confidentiality restrictions on the use of information in a case record, either on paper or in eWiSACWIS and in KIDS. Please review DCF Numbered Memo 2004-13B and Information Memo 2006-19 for additional information. When seeking information from people or resources outside the case, caseworkers must continue to maintain confidentiality as required by law about the identity and circumstances of the children and families with whom they are working.

Non-custodial or absent parent and relative searches should include, but are not limited to the following actions:

- If the parent or caregiver(s) of the child can be identified and is present, ask him or her to identify and provide the whereabouts of the non-custodial or absent parent and relatives.
- Ask the child, if appropriate, to identify and provide the whereabouts of the non-custodial or absent parent and relatives.

As the case progresses, as part of continuing efforts to search:

- Check the family's agency record, including eWiSACWIS, for non-custodial or absent parent identification and whereabouts.
- Check the Department of Children and Families, Bureau of Child Support's KIDS system for identification or location of a non-custodial parent or alleged father. (See Appendix III, "Locating Non-Custodial Parents / Relatives – Search Tools" on page 253)
- Consult the identified tribe of an Indian child for information on non-custodial parents and alleged fathers.
- Ask the reporter of a child abuse and neglect referral received by Access.
- Ask the school the child attends or previously attended to see if there are additional emergency contacts listed of which the agency is unaware.
- Check the CARES system records if your agency has an information sharing agreement with your local CARES agency. CARES issues Wisconsin Works (W-2), Food Share, Medicaid, and child care benefits.
- Contact neighbors at a last known address to see if they have current location information.
- Ask at county jails.
- Research CCAP (Consolidated Court Automation Project): <http://wcca.wicourts.gov/index.xsl>.
- Submit an inquiry to the Prison Inmate Locator System through the Department of Corrections (DOC): <http://www.vinelink.com>.

Documentation

The agency must document all continued efforts to locate and engage non-custodial or absent parents and relatives in the eWiSACWIS case record.

Evaluating the Case Plan

There are three main intervention responsibilities when evaluating the case plan. First, it is to measure enhancement of caregiver protective capacities. This includes tracking whether goals, plans, and service providers are providing what is needed for the family and are adjusted accordingly. Second, Child Protective Services (CPS) makes conclusions about the suitability of the in-home safety plan. This includes determining whether intrusiveness of the plan and intensity of services should be adjusted while also considering whether caregiver responsibility and involvement must be increased or decreased. Finally, CPS continually assesses all plans and the caseworker maintains focus on the importance of safe and stable living arrangements for the child. Safety assessment is a continuous process throughout the life of the case. Case plan evaluation provides the basis for the caseworker to know when conditions exist that allow for safety, stability, and permanence.

Family engagement is necessary to measure and achieve case progress. Caseworkers are obligated to involve family members in decision-making and ensure full disclosure is maintained with families throughout the process. Engagement strategies build mutually beneficial partnerships that sustain the family's interests in, and commitment to, the case plan. Engagement is necessary for effective decision-making regarding safety, case progress, and planning transitions. Engaging with a family requires skill to ask difficult questions and provide honest, clear, and upfront information.

To measure and evaluate progress, caseworkers are responsible for meaningful face-to-face contact as well as other forms of contact with the child, parents/caregivers, and informal and formal service providers. Regular and consistent contact between the caseworker and family is necessary to continue to build a working partnership and develop strong relationships focused on the safety and permanency of children.

Content

When evaluating the case plan, the caseworker uses the goals in the case plan as the basis for measuring progress and change related to enhancing parent/caregiver protective capacities and achieving permanence and stability. The caseworker gathers information from parents/caregivers, children, family team members, and informal and formal service providers to make decisions about:

- The family's progress toward achieving change and permanence.
- The effectiveness of service delivery related to achieving goals.
- The sufficiency of the safety plan and whether a less intrusive CPS intervention can be implemented.

Content in Evaluating the Case Plan

The content in evaluating the case plan must include:

- Updated general person management case information to assure the case record is up-to-date (family demographics, agency and legal).
- A current assessment of impending danger, the sufficiency, feasibility, and sustainability of the safety plan, and any needed revisions.
- A review of progress in enhancing parent/caregiver protective capacities as demonstrated by specific, observable, measurable behavioral changes.
- Updated information related to the parent/caregiver readiness for change and their participation in case plan services and activities (identifying and understanding where a parent is in terms of their acknowledgement/acceptance of problems and willingness to change).
- A review and confirmation of the effectiveness of providers, informal supports, services or other plan strategies.
- A current assessment of child functioning and well-being (education, health, mental health, and, when applicable, independent living plan).
- Any additional needed changes to the plan.

Evaluating progress of goals established in written agreements is a continual process of tracking and adjusting by the caseworker. To understand changes and needs of the family, the caseworker uses information obtained from monthly contacts with children, parents/caregivers, out-of-home care providers, collateral contacts, and the family team.

Evaluating and Updating the Case Plan

When significant circumstances in the case have changed, the plan must be updated to include:

- Family conditions or dynamics related to protective capacities or impending danger change, to allow for a more or less restrictive plan.
- More information is learned about child functioning, adult functioning, parenting practices or family functioning that necessitates a change to the case plan to assist the parents/caregivers in achieving safety.

Evaluating the Safety Plan

Evaluating safety is a continuous process of tracking and adjusting throughout the CPS process. Assessing safety must be routine in all contacts with children, families, and providers. Caseworker contacts are one consistent avenue where a caseworker is evaluating the information gathered to inform the safety analysis and plan at every contact with a family.

Evaluating and Revising the Safety Plan

The safety analysis and plan must be evaluated in collaboration with the parents/caregivers and safety service providers. The safety plan is revised and documented in eWiSACWIS when contacts, observations, and gathered information indicate positive or negative changes related to parent/caregiver protective capacities or impending danger threats to child safety.

Modifications to the safety analysis and plan must be approved by a supervisor and documented in eWiSACWIS.

Documenting the case planning updates can be an ongoing process. This can be done in the eWiSACWIS case plan (DCF-F-2828-E) as an informal process throughout the life of a case.

Timeframe and Documentation

As part of evaluating the case plan, the caseworker must formally evaluate and document the case plan:

- No later than six months from the case transition staffing when there is an in-home safety plan.
- Subsequent evaluations of the case plan must be completed within six months of the last formal review.

Requirements must be documented on the case plan in the family's eWiSACWIS case record and approved by a supervisor or her/his designee

Achieving Safety, Stability, and Permanence

Safety, stability, and permanence are entitlements for all children involved with the child protective service system no matter the circumstances or type of case. Every child is expected to have a safe, stable, and permanent home prior to case closure. When working with families, the agency is equally responsible for permanence by ensuring a safe and stable home for children.

For children who remain in their home with an in-home safety plan, the agency ensures permanence by assisting the family to enhance parental protective capacities and eliminate or diminish threats to child safety. Additionally, while the caseworker assists families in making sustainable changes, the caseworker works with the family to establish lasting resources and a support network consisting of formal and informal supports. Once parental protective capacities are enhanced or there is an absence of threats to a child's safety, the family can safely exit the child protective services system.

Division of Milwaukee Child Protective Services Permanency Support (Applies to the DMCPS Only)

The ongoing case management agency provides a customized set of supports and services for children and families. These supports and services help resolve problems before they escalate and decrease the need for prolonged involvement in the CPS system. They also help ensure that newly reunified families receive the assistance they need to continue providing a safe home for their children after CPS exits their lives.

Permanency Support Requirements

Following reunification, the ongoing case management agency continues to provide services to families for a twelve-month period. During this time, the family's legal status falls into one of two categories:

1. Court order remains in effect. The child remains in the legal custody of the DMCPS during the permanency support period and the ongoing case management agency remains responsible for case plan completion, or
2. Court order is dismissed or been allowed to expire. The family's participation is voluntary and ongoing case management remains available until the permanency support period has ended.

Based on family need, the ongoing case management agency must provide:

- Services and supports for twelve months following the achievement of reunification or periodic contact with the family based on court requirements and family need.
- Services that are developed and mutually agreed upon with the family. The plan must be flexible, meet the family's needs and strengths, and include detailed information about roles and expectations as well as frequency and duration of services.

Case Closure for Child Protective Services Cases

Safety intervention responsibilities are not complete until all required assessments and conclusions are completed. No case will be recommended for closure if a child is not safe.

Prior to case closure, the agency must facilitate a process to engage family members, service providers, and informal supports in developing a plan for identifying and meeting child and family needs after agency involvement has ended.

The first safety intervention responsibility at case closure is the safety assessment. The assessment must include information concerning the absence or presence of impending danger threats.

The second responsibility assesses caregiver protective capacities, which must be sufficient to protect against threats that continue to exist or might emerge. The caregiver must understand his/her role and act effectively in his/her protective capacity.

The final safety intervention includes reviewing the need for a “safety net” followed by establishing one as appropriate. A safety net refers to arrangements, connections, and supports within the family network or community that can be created, facilitated, and reinforced to reassure the caregiver and provide resources and assistance.

To assist a family in achieving sustainable change, and ultimately safe case closure, the caseworker must have the ability to apply safety and permanency related concepts and criteria as part of the intervention responsibilities. This includes:

- Continually reassessing impending danger; evaluating and confirming the sufficiency, feasibility, and sustainability of safety plans and when necessary, making immediate adjustments to assure that safety interventions are the most appropriate and least intrusive for the family.
- Engaging parents/caregivers and children in the assessment and planning process in order to:
 - Identify behavioral change strategies that address impending danger by enhancing caregiver protective capacities.
 - Identify lasting and permanent connections for the child and family.
- Evaluating progress related to the parent/caregiver establishing and maintaining a safe and permanent home for their children.

Planning for Safe Case Closure

The agency caseworker must ensure that the transition to case closure is communicated to others involved with the case.

A stable home and safe case closure is achieved by:

- Preparing the child and family throughout the case process.
- Assessing any current or ongoing needs.
- Developing a process for the transition that is in the best interests of the child considering the child's emotional, behavioral, and psychological needs.

The caseworker uses the following criteria to determine if a safe home exists and stability has been achieved:

- Parents/caregivers have made sufficient progress in addressing case goals (enhanced protective capacities).
- Formal or informal supports are available and accessible to the family, as needed, after the case is closed with the agency.

Prior to case closure, the caseworker must have face-to-face contact with family members and the family team, if involved, to:

- Support the family in determining how the family's needs will be met after agency involvement ends.
- Inform the family of the date that ongoing child protective services will end.

There are other reasons that a case may close including when a child reaches the age of majority or a court refuses to extend an order. Please see page 93 and page 152, Independent Living Planning, regarding the requirements when a child reaches the age of majority

Safety at Case Closure

Safety intervention at case closure relates to confirming that there is no impending danger threats or that sufficient parent/caregiver protective capacities exist to protect the child from impending danger threats.

The CPS responsibilities in making a determination that a safe home exists include

- A formal safety assessment concerning the absence or presence of impending danger threats.
- Reassess parent/caregiver protective capacities.

The caseworker should work with the family to ensure informal or formal supports are in place prior to case closure, including arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once CPS involvement ends.

Documentation

Case closure and the termination of all plans must be documented in the family eWiSACWIS case record and approved by a supervisor or his/her designee within 30 days from the date the case closure decision was made by the supervisor and caseworker.

Documentation at planned case closure must include:

- A reassessment of child safety.
- The rationale for the decision to close the case.
- A description of the closure process with the family and service providers, including the family's plan for meeting future service needs.

Additional requirements when a family will no longer accept services:

- A reassessment of child safety.
- Any agency efforts to continue to provide services. If the safety assessment indicates a child in the family is not safe, this must include efforts to request a petition to the court to order services.
- The reason for closure.
- A copy of a letter to the family indicating what actions the agency has taken or will take and other resources available to the family.

A case may not be closed if there is an active CHIPS order.

In all cases when a child is an Indian child, a letter must be sent to the tribe indicating the case has been closed and a copy of the letter must be maintained in the family's case record.

Early Dismissal of Dispositional Order

One responsibility of the CPS caseworker is to initiate additional court actions throughout the case process. When a determination is made a family is no longer in need of court ordered CPS services, a request must be submitted to the court for early dismissal of dispositional order and signed by the judge before a case with court jurisdiction can be closed by the agency.

Any decision that is made shall be done in consultation with the agency's district attorney or cooperation counsel.

CHILD WELFARE IN-HOME CASES

Introduction

Information from an initial assessment or the child welfare assessment process guides decision-making about whether an agency will open a case for ongoing services. When children are safe, but the agency determines that a child requires specific services, the agency opens a child welfare case. Agencies are not required to open these cases unless a child is in need of an out-of-home placement, but if a decision is made to serve the family, this Standard applies. This Standard is not required for Juvenile Justice (JJ) and Juvenile in Need of Protection or Services (JIPS) cases served in-home. However, agencies serving these populations are not prohibited from using this content.

Child welfare cases involve providing support and services to a family. The caseworker focuses on assessing the family for strengths and needs, managing safety, achieving permanence, stability, and well-being, and attaining safe case closure. The primary focus of agency intervention is the provision of child and family support and services rather than safety intervention focused on enhancement of parent/caregiver protective capacities. These cases may be court ordered or voluntary.

Safety intervention for in-home child welfare cases focuses on confirming that children remain safe and protected from abuse and neglect. Although child safety is not the reason for agency intervention, it is important to understand there may be times during the life of a case when family dynamics and functioning change resulting in an unsafe child. At this point, a case becomes a child protective services case and cannot be served under this Standard.

Applicability

This Standard applies when an initial assessment or a child welfare assessment concludes that a child is safe but the parent or guardian is unable or needs assistance to care for or provide necessary treatment or services for the child, the agency provides ongoing services for the following reasons:

- A family is in need of child welfare services.
- An agency and family agree to the provision of in-home services.

This Standard cannot be used when the agency determines a child is unsafe. The agency must use the Child Protective Services Standards when there is impending danger and insufficient caregiver protective capacities to protect a child from threats. Additionally, if during monitoring of the case the agency becomes aware of alleged maltreatment or present or impending danger threats to child safety, immediate action to control for child safety must be taken including a report to Access, if warranted.

Agencies must ensure that all actions of either the agency or contracted provider staff comply with this Standard.

Examples of child welfare cases can include, but are not limited to: children with disabilities and their families are unable to meet their treatment needs without agency assistance; youth with challenging behaviors or mental health conditions and their families are unable to meet their treatment needs without agency assistance; and family court transfers of jurisdiction.

Ongoing case management for in-home child welfare cases addresses family needs by providing services, supports, and treatment or by linking the family with external community services. The goal of intervention is to increase the likelihood that the child will remain in the home without further agency involvement. Agency involvement with in-home child welfare cases is purposeful and outcome focused. Case outcomes should be identified and agreed upon by both the caseworker and family. Discussion about case closure between the caseworker and family begins at first contact with the family.

Requirements

Case Plan

Each case must have a written agreement or plan developed with the family that describes:

- Strengths and needs of the family.
- Strategies, supports, and actions to address identified needs in order to achieve case closure.
- Roles of the agency, family, and providers.

Timeframe

The caseworker must complete and document a plan no later than 60 days from the case transition staffing or no later than 60 days from direct assignment to the caseworker without an initial assessment.

After supervisory approval, a copy of the plan must be provided to parents/caregivers and, as appropriate, tribal workers, and children.

Evaluation of the Case Plan

As part of evaluating the case plan, the caseworker must formally evaluate plans no later than six months from case transition staffing or no later than six months from the case assignment to the Ongoing Services caseworker. Subsequent case plan evaluations must be completed within six months of the last formal review.

There are times when significant circumstances in the case have occurred and the plan may need to be updated.

Early Dismissal of Dispositional Order

One responsibility of the caseworker is to initiate additional court actions throughout the case process. When a determination is made that a family is no longer in need of court ordered services, a request must be submitted to the court for early dismissal of dispositional order and signed by the judge before a case with court jurisdiction can be closed by the agency.

Any decision that is made shall be done in consultation with the agency's district attorney or cooperation counsel.

Case Closure

Case closure for in-home child welfare cases is appropriate when child welfare services are no longer needed, the family declines further intervention, or the family is not engaged in services provided there is no court order.

Documentation of Face-to-Face Contacts

The caseworker or designee must document both completed and attempted face-to-face contacts with parents/caregivers and children in eWiSACWIS as a case note. The case note must include, at a minimum, the following information describing the face-to-face contact:

- The date, time, and duration of the visit.
- The participants involved.
- The location of the visit.
- The type of contact.
- The purpose and summary of the results of the contact including:
 - Review and evaluate the child's safety to ensure conditions have not changed in the household that would make the child unsafe.
 - Progress in the case plan (i.e., are parents engaged and involved in the process).
 - Understanding of the case plan (are parents clear as to what is expected of them in terms of meeting the case plan and what their responsibility is in relation to following through with their part of the case plan).

Documentation

Requirements of the In-Home Child Welfare case must be documented in the Case Plan (DCF-F-2828 E) in the family eWiSACWIS case record and approved by a supervisor or her/his designee.

CHILD PROTECTIVE SERVICES OUT-OF-HOME CASES

Introduction

Out-of-Home Child Protective Services cases involve an unsafe child where impending danger is controlled through an out-of-home placement. A thorough understanding of child safety decisions and actions is essential for caseworkers since safety assessment, analysis, planning, and the management of child safety occurs in every aspect of CPS involvement with a family.

Ongoing Services has the following fundamental intervention responsibilities:

- Evaluating the existing safety plan developed during initial assessment/investigation.
- Managing child safety through continuous assessment, oversight, and adjustment of safety plans that ensure child safety and are the least intrusive to the family.
- Engaging families in the case planning process that identifies underlying needs which directs services to address threats to child safety.
- Measuring progress related to enhancing parent/caregiver protective capacities and eliminating safety related issues.
- Achieving timely permanence for all cases.

Applicability – Out-of-Home Child Protective Services Cases

This Standard applies when the initial assessment process concludes that a child is unsafe and ongoing services are needed to control impending danger through an out-of-home placement.

Agencies must ensure that all actions of either the agency or contracted provider staff comply with this Standard.

The Assessment and Planning Process

This assessment and planning process adheres to the requirements set forth in the Federal Adoption Safe Families Act (ASFA) for addressing threats to child safety, permanence, and well-being in plans. The process supports an integrated child protective services system by building on information gathered during the initial assessment. The assessment and plan is an intervention service completed in partnership with a child and the family to empower parents or caregivers in protecting and caring for their children in the future without agency involvement. The plan may identify several types of goals including enhancing parent or caregiver protective capacities, improving child educational, physical, or behavioral health needs, and achieving permanence. More importantly, plans include long-term planning for the family and providers.

The four distinct components of the assessment and planning process include:

- Preparing for Assessment
- Introducing the Change Process
- Determining What Must Change
- Developing the Permanency Plan

Preparing for Assessment

Preparing for the assessment process begins prior to the case transition staffing. Being familiar with case information assists the caseworker in fully understanding impending danger, diminished parent or caregiver protective capacities, and supports the caseworker during intervention with the family. A review of case information includes, but is not limited to:

- All assessments and evaluations.
- Any current or pertinent historical planning documentation.
- Any court related documentation, if available.
- Safety Analysis and Plan.
- Confirming Safe Environments documentation.

Introducing the Change Process

Throughout ongoing CPS Services, the caseworker attempts to engage the family in a change process that ultimately leads to safe case closure. This means families have the opportunity to reflect on their experience with the agency and ask questions as well as understand what to expect next in the process.

Timeframe for Initial Contacts

The caseworker must have face-to-face contact within seven business days of the case transition staffing with the parents/caregivers and children unless a safety plan dictates more immediate contact. Within this timeframe the caseworker must communicate with safety plan participants and providers to:

- Provide the caseworker's name and contact information.
- Elicit understanding regarding the reason for the safety plan.
- Clarify each individual's role in the safety plan with respect to ensuring child safety.
- Confirm the initial family interaction plan is working.
- Confirm continued commitment and ability to remain actively involved in meeting the expectations of the safety plan.

The initial contact with the family is to introduce the caseworker, explain both the changing role of the agency and the assessment and planning process. Whenever possible, the first face-to-face contact with the family should occur in the family's home and include the entire household. In families where domestic violence has been identified or is suspected, the agency should assess whether scheduling family meetings will jeopardize the safety of a family member or any other participant including agency staff.

Family Interaction during Ongoing Services

When children are in out-of-home care, family interaction is an opportunity to maintain, establish, and promote parent-child and sibling relationships and should occur as frequently as possible. It is also an opportunity for parents or caregivers to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting.

Requirements for the Family Interaction Plan

The agency is responsible for ensuring initial face-to-face family interaction occurs within five working days of the child(ren)'s placement in out-of-home care.

The agency shall, no later than 60 calendar days after placement, establish and document a family interaction plan that outlines the anticipated interaction for the child with parents, siblings, and other identified participants.

Frequency

Facilitating face-to-face family interaction is the responsibility of the agency and must occur weekly, at a minimum.

When siblings are not placed together, sibling face-to-face interaction must occur monthly, at minimum. Additionally, children shall have other family interaction (e.g., telephone calls, letters, etc.) with their parents weekly.

Additional Requirements

- Family interaction can only be prohibited by the agency if a court finds continued contact is not in child's best interests.
- Family interaction can be decreased or suspended if there is evidence that the contact is contrary to the safety of the child(ren) and this information is documented in the case record.
- Family interaction cannot be used as a punishment, reward, or threat for a child.
- The agency cannot restrict or suspend family interaction as a means to control or punish a parent for failure to work with agency or community providers or to comply with conditions of the case or Permanency Plan.
- The out-of-home care provider cannot prohibit family interaction.

Documentation

The family interaction plan and content must be documented in the eWiSACWIS Family Interaction section.

For additional information, refer page 171, "Family Interaction for Child Protective Services Cases When a Child is in Out-of-Home Care."

Engagement During the Change Process

When a child is in out-of-home care, engagement and assessment should enhance the family's understanding of the impact of placement on the child and the need for timely permanence.

Engagement During the Change Process

The caseworker begins to discuss permanence with families prior to filing the initial Permanency Plan. These discussions with the child and family must incorporate the following topics:

- Full disclosure of the parents' or caregivers' rights and responsibilities throughout the Ongoing Services and court processes with an emphasis on the temporary state of out-of-home care and the emotional and developmental impact of out-of-home care on children.
- The value of maintaining family interaction.
- The purpose for involvement of the non-custodial parent, relatives, and informal supports as resources for the child and family. For Additional information, refer to page 180 "Locating Non-Custodial Parent / Relatives."
- A review of ASFA timelines and possible outcomes or consequences, full disclosure.
- The role of out-of-home care provider.
 - Including, but not limited to reasonable and prudent parenting decisions to ensure the child has regular opportunities to engage in age and developmentally appropriate activities.
- If applicable, the need for compliance with Active Efforts for eligible Indian children as defined in WICWA. This includes:
 - Requesting the tribal agency to assist in evaluating the case, inviting representatives of child's tribe to participate in custody proceedings at earliest point, notifying and consulting extended family members to provide structure and support to the child and parents/caregivers.
 - Providing family interaction.
 - Offering and employing all available family preservation strategies.
 - Offering and actively assisting families in accessing community resources.
 - Monitoring progress and client participation in services provided.
 - Seeking alternative ways of addressing identified needs when services are unavailable or nonexistent.

For additional WICWA information and requirements, refer to the DCF Wisconsin Indian Child Welfare Act Desk Aid in Appendix I, page 241.

Child and Family Team Meetings

Child and family team meetings are tools used to engage the family in the case planning process. Child and family team meetings use strengths and needs based, solution focused approach that incorporates the values and principals of family centeredness, respectful interaction, cultural responsiveness, and partnership.

The size, composition, function, and goals of the family team should be driven by the underlying needs and safety concerns of the family. The group of individuals that comprise the team should be identified by the family and usually consist of extended family members, the caseworker, informal/formal supports, out-of-home caregivers, and service providers. All identified team members should be committed to the family's goals and invested in change.

Initial Child and Family Team Meeting

Initial child and family team meetings should occur during the assessment and planning phase of the case process. The purpose of the initial team meeting is to:

- Engage the family in the case planning process.
- Discuss information contained in the assessments and safety analysis and plan.
- Discuss services provided to the family.
- Establish appropriate time frames for achievement of goals.
- Identify the family's strengths and underlying needs.
- Identify the family goal(s).
- Identify the plan for meeting the family's underlying needs.
- Identify services needed to address underlying needs.
- Identify the roles and responsibilities of the team members.
- Discuss the Reasonable and Prudent Parent Standard as it applies to the child to ensure the child has regular opportunities to engage in age and developmentally appropriate activities.

Subsequent Meetings

The frequency of subsequent child and family team meetings are determined by the family team along with the caseworker and should be used throughout the life of the case. The purpose of subsequent team meetings is to:

- Continue engaging the family in the case planning process.
- Track and adjust the Permanency Plan.
- Clarify team member roles and responsibilities.
- Evaluate the effectiveness of services.
- Evaluate progress towards change.
- Inform and update team members on progress and changes to the goals or plans.

- Discuss the Reasonable and Prudent Parent Standard as it applies to the child to ensure the child has regular opportunities to engage in age and developmentally appropriate activities.

Determining What Must Change

An important safety intervention responsibility is the evaluation of caregiver protective capacity since impending danger is controlled by the safety plan. Information from initial assessment lays the foundation for considering caregiver protective capacities that are enhanced and those that are diminished. Throughout the assessment process, the caseworker clarifies and gathers additional information and collaborates with parents, relatives, informal supports, and formal supports to understand and gain consensus about the changes necessary to achieve a safe, stable, and permanent home.

The Assessment Process

Based on information discovered throughout the assessment process, the caseworker and parents or caregivers continue with discussions about a change strategy to result in a safe household.

This process includes:

1. Gathering and assessing information in the following areas:
 - Whether a child has Indian heritage in accordance with the WI Indian Child Welfare Act (WICWA) and if steps have been taken to notify and involve the tribe.
 - Child functioning and well-being (school/child care setting: learning and development, medical/dental/mental health needs, physical/emotional/behavioral functioning, familial relationships, social skills, impact of trauma on the child, risk behavior, strengths, considerations for prudent parenting decisions, the effects of the culture of the child and family on service provision).
 - Adult functioning (physical/emotional/behavioral functioning, etc.).
 - Parenting practices (discipline/approach to parenting/expectations, etc.).
 - Family functioning (current service provision, individuals the child and family identifies as supports and resources, social activities).
2. Sharing information with children and families to:
 - Identify family strengths, supports, and existing parent/caregiver protective capacities that contribute to child protection. Understand what parents/caregivers identify as strengths about themselves as individuals and in their caregiving role.
 - Examine the relationship between diminished parent/caregiver protective capacities and impending danger.
 - Determine the family's perception and level of agreement with the caseworker regarding diminished protective capacities and impending danger.
 - Assess if parents/caregivers are ready, willing, and able to consider necessary change related to diminished protective capacities.
 - Identify the needs and strengths of children and parents/caregivers and identify ways in which parents/caregivers can be involved in meeting the needs of their children or how the needs will otherwise be met.
 - Determine whether any professional evaluations (i.e. mental health; medical; educational) are needed for the child or parents/caregivers to inform case plan services.
 - Determine with the family the most logical place to begin focusing on change, setting goals and identifying potential service options.
 - Confirm impending danger is controlled and managed with a sufficient, feasible, and sustainable safety plan.
 - Ensure the child has opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
 - If applicable, determine with the family the need for any remedial services and rehabilitation programs required under s. 48.028(4)(d)2, Stats. in an effort to prevent the

breakup of the Indian family.

3. Gathering and assessing information about the functioning of the Out-of-Home Caregiver in relation to the specific child placed in their care through the CANS tool under the “Current Caregiver” in the following areas:

- Supervision
- Problem solving
-
- Involvement with the child’s care
- Parenting knowledge
- Empathy with the child
- Organization
- Social resources
- Physical health, mental health, substance use, or other possible disability
- Family stress
- Cultural congruence

4. Use the Child and Adolescent Needs and Strengths Assessment tool

The placing agency caseworker must use information from the assessment of the child, the child’s family, and the child’s out-of-home care provider to:

- Evaluate the match between the knowledge, skills, and abilities of a foster parent or out-of-home care provider and the needs and strengths of the child.
- Assist in the development of services and supports needed for a specific child and the out-of-home care provider to promote the stability of the placement.

Developing the Permanency Plan

When a case is opened for ongoing services, case goals focus on enhancing parent/caregiver protective capacities to eliminate impending danger so the family can adequately manage child protection without intervention. The Permanency Plan serves as a tool for communicating with parents/caregivers, children, their family members, court parties, and other individuals involved in providing supports and services to the family.

The caseworker is responsible for overseeing the implementation of the Permanency Plan and working with parents/caregivers to facilitate change. Managing the Permanency Plan and change strategies involves ensuring the plan targets goals associated with enhancing diminished caregiver protective capacities and achieving permanence. The Permanency Plan identifies steps toward establishing a safe and permanent home.

Planning and Developing Goals with the Child and Family

The team must determine the order in which diminished parent/caregiver protective capacities are addressed in the plan. If the child is 14 years of age or over and has been in out-of-home care for six months, the Permanency Plan must be developed in consultation with the youth and two other individuals selected by the youth who are not the youth's caseworker or foster parent. The agency may reject a person selected by the youth if the agency has good cause to believe that the person would not act in the best interests of the youth. This process with the family includes:

- Identifying behaviors needing change and the behaviors to be demonstrated and sustained to achieve safety without agency involvement.
- Developing behaviorally stated, measurable goals related to enhancing parents/caregivers protective capacity that are phrased in the family's own terminology.
- Confirming specific needs and strengths for children and parents or caregivers and how those needs will be addressed.
- Identifying supports and change strategies to assist the family in achieving stability and safe case closure.
- Ensure the child has opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Identifying services and activities that are acceptable, accessible, and appropriately matched with what must change.
- Ensuring goals establish a sufficient behavioral benchmark for evaluating change including determining permanence goals, need for concurrent goals, and establishing a plan to achieve permanence for the child.
- Caseworkers with the assistance of permanency consultants must rate the legal permanency status within 60 days if: a concurrent plan is required and the Permanency Plan is anything other than reunification or guardianship (See Appendix IV, Legal Permanency Status indicators, page 256).
- Caseworkers must also identify, locate, and involve absent parents and relatives as resources for permanency options for children. For additional information, refer to "Locating Non-Custodial Parent / Relatives," page 180.
- Caseworkers must also use, if applicable, planning to ensure continued Active Efforts as defined in WICWA for eligible Indian children.

Case Assessment and Plan Documentation

All case assessment and plan requirements must be documented in the Permanency Plan no later than 60 days from the date of removal in the eWiSACWIS Permanency Plan (DCF-F-CFS2132-E). After supervisory approval, a copy of the plan must be filed with the court in out-of-home care cases. It will also be provided to parents/caregivers, tribes and children at least twelve years and older.

- General person management case information to ensure case record is current (family demographics, agency and legal).
- Child functioning, adult functioning, parent functioning, parenting practices, and family functioning information.
- Criteria based goals (focused on diminished caregiver protective capacities that are behaviorally stated, understandable to the family, specific, and measurable).
- Services for the child and family.
- Safety assessments, plans, and conclusions.
- Removal information and circumstances including reasonable efforts to prevent removal.
- Placement information, location and placement history.
- The results of the CANS tool.
- Permanence goals with supporting information.
- The child's health summary.
- The child's educational summary.
- The child's ongoing opportunities to engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- The family interaction plan (For additional information, refer to page 171, "Family Interaction for Child Protective Services Cases When a Child is in Out-of-Home Care").
- Independent living services, when applicable.

Additional Requirements When the Child is an Indian Child

The following must also be documented in the Permanency Plan when the child is an Indian child:

- The name, address, and telephone number of the Indian child's parent, Indian custodian, and tribe.
- A description of the remedial services and rehabilitation programs offered under s. 48.028(4)(2) Stats. in an effort to prevent the breakup of the Indian family.
- A statement as to whether the Indian child's placement is in compliance with the order of placement preferences under s. 48.028(7)(b) Stats. or, if applicable, s. 48.028(&)(c) Stats. and, if the placement is not in compliance with that order, a statement as to whether there is good cause, as described in s. 48.028(7)(e) Stats., for departing from that order.

For additional WICWA information and requirements, refer to the DCF Wisconsin Indian Child Welfare Act Desk Aid in Appendix I, page 241.

Reaching Consensus on the Permanency Plan

If agreement or consensus cannot be reached with the family at the conclusion of the planning process, the caseworker develops Permanency Plan goals and services to have the most impact on enhancing parent/caregiver protective capacities. The supervisor and team members must be consulted to assist or offer advice about developing goals.

Caseworkers then inform parents/caregivers of the Permanency Plan decisions made as a result of the failure to reach agreement, as well as of the agency's continuing responsibility for child safety. Additionally, caseworkers must inform the parents/caregivers of the consequences of not cooperating with the plan.

If a previously uninvolved parent/caregiver becomes engaged following completion of the Permanency Plan, consideration should be given to revising the Permanency Plan to accurately reflect that parent's perceptions and feedback.

Managing Safety During Ongoing Services

The essential safety intervention responsibility during service provision is oversight of the safety plan. Safety management requires consistent interaction with the child, parents/caregivers, family members, and people involved in the safety plan. The purpose of this contact is to ensure the safety plan is being implemented as planned and that nothing is hindering its effectiveness.

Safety management requires vigilance regarding changes in a household or the presence of individuals that influence impending danger. Safety management activities are subject to change or adjustment based on parents/caregiver actions. Safety management ensures safety activities, actions, and tasks are increased or decreased based on the status of impending danger and changes in parent/caregiver protective capacities. Revising safety plans is a high priority to ensure child safety.

Effective management of safety plans include:

- Coordinating safety interventions and guiding tasks, activities, and actions.
 - Are the details of the safety plan well understood by everyone involved? Are activities occurring as planned without disruption? Are providers and participants where they are supposed to be at designated times? Are necessary resources available? Are resources implemented appropriately?
- Evaluating the provision of safety services.
 - Are safety services effective? Are participants/providers fulfilling their defined role in the safety plan? Are children safe? Are services still available and accessible at the required level to have an immediate impact on child safety?
- Reassessing parent/caregiver commitment and willingness.
 - Are the parents/caregivers willing to accept the safety plan? Are they cooperative with providers? Do they understand the reason for safety plan implementation?
- Facilitating communication.
 - Is everyone involved in the safety plan well informed about expectations, progress, barriers, etc.? Is there open communication between CPS, the family, and safety service providers? Do safety plan participants and providers keep CPS informed? Does CPS have to mediate and resolve any problems about participant roles or expectations?
- Continuing to assess safety
 - Is impending danger still apparent? Are threats changing? What affects them? Are there new threats? Can intrusion be reduced? Should different services or providers be installed? Can the family assume more responsibility?
- Revising safety plan.
 - Do changes regarding impending danger or parent/caregiver protective capacities prompt revisions to the safety plan? Do these changes require more intrusion? Do they require less intrusion? Are services and providers available and accessible to have an immediate impact?

Out-of-Home Safety Management

The caseworker must continuously review and evaluate the adequacy of using an out-of-home placement to control for a child's safety. The safety plan is revised and documented in eWiSACWIS when contacts, observations, and gathered information indicate positive or negative changes related to parent/caregiver protective capacities or impending danger threats to child safety. Information gathered from the parents/caregivers, child, and out-of-home care provider is used to:

- Assess if impending danger threats (Appendix II, page 246) in the parental home are in effect.
- Determine if conditions have changed or can be controlled with the provision of services to allow the child to return home with a sufficient, feasible, and sustainable in-home safety plan.

Documentation

Information related to the requirements of safety management must be documented monthly at a minimum in a case note and if impending dangers emerge, in the Safety Analysis and Plan in eWiSACWIS.

Confirming a Safe Environment when Children are placed in Out-of-Home Care

A caseworker places a child in out-of-home care when 1) threats to child safety cannot be controlled in the child's home or 2) a child requires either specific services or sanctions that cannot be met in the child's home or community. One responsibility prior to placing a child is to assess and confirm the placement is safe for the child. This obligation exists for all placement settings whether the care is provided by family members, friends, neighbors, or professional providers such as foster families.

Assessing for a safe environment is distinctly different from licensing the placement home. Licensing occurs bi-annually and focuses on specific requirements for the provider and environment rather than the safety of a specific child in the placement. Therefore, assessing and confirming a safe environment in placement settings occurs every time a new placement is considered.

Applicability

This procedure applies when a child is placed in an unlicensed home, foster care home, group home, or residential care center.

This procedure does not apply when a child is on a trial reunification, is missing from out-of-home care, or is placed in the following settings:

- Voluntary kinship care home
- Juvenile correctional institution
- Shelter care facility
- Adult correctional facility
- Secure detention facility
- Hospital
- Supervised independent living placement

Confirming Safe Environments at the Initiation of a Child's Placement in an Unlicensed Home

Prior to placement the caseworker or designee must:

- Conduct a home visit to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. This includes discussing expectations and clarifying the role of the out-of-home care provider, and providing information on any issues related to the care of the child.
- Complete a check of law enforcement records or conduct a CCAP check on all individuals seventeen years of age and older residing in the identified placement home.
- Conduct a reverse address Sex Offender Registry check.
- Conduct a check of eWiSACWIS records on all individuals seventeen years of age and older residing in the identified placement home.

If a home visit cannot be made prior to placement (e.g., an emergency), the caseworker or designee must have verbal contact at the time the child is placed to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. In this circumstance, an initial home visit must occur within 24 hours of the child's placement.

During the first encounter with an out-of-home care provider (considered for placement) the caseworker or designee gathers information to identify and understand placement danger threats. During initial and subsequent home visits, the caseworker interviews and observes family members and collects data from other sources to make determinations about placement danger threats and the appropriateness of the placement.

Within five working days following the initial home visit, the caseworker or designee must:

- Conduct a subsequent home visit (a second weekend cannot pass prior to the subsequent home visit).
- Continue to assess and evaluate safety in the placement setting.
- Confirm with the out-of-home care provider expectations and his/her role in the protective plan, as applicable.
- Discuss any issues related to the care of the child.

Additionally, the caseworker or designee must:

- Consider placement danger threats at first encounter and on an ongoing basis with out-of-home care providers to determine the safety of the placement home (See Placement Danger threats, Appendix V page 257). If a placement danger threat(s) is confirmed, the caseworker must locate and transition the child to a new placement immediately.

- Assess the out-of-home care provider's motivation to provide care for the child, view of the child, and when a relationship currently exists between the out-of-home care provider and the child, an understanding of the need for the child to be placed in out-of-home care.
- Assess the child's reaction to the placement home and the out-of-home care provider in cases where a relationship currently exists between the out-of-home care provider and the child.

All potential out-of-home care providers or other household members must be included in the assessment.

In unlicensed placement settings, "household member" means all individuals living together in the same dwelling. This includes individuals who live in the home full-time or part-time. Any adult who lives in the home regularly (full-time or part-time) is considered a household member. For additional information, refer to the "Primary Assessment Standard" of the "Child Protective Services Access and Initial Assessment Standards."

Confirming Safe Environments In Placement Settings When Respite and Pre-Placement Visits Have Previously Been Approved in an Unlicensed Home

Wisconsin law requires that prior to making the decision to begin respite or pre-placement visits with an unlicensed provider, the caseworker or designee must:

- Conduct a CCAP check, reverse address Sex Offender Registry check and a CPS records check on all individuals seventeen years of age and older residing in the identified placement home.
- Conduct a home visit with the identified placement providers to assess and evaluate safety of the placement setting.
- Assist the caregiver in setting up whatever provisions are needed for the care of the child.

If the agency then decides to use the home for an out-of-home placement for the child, the caseworker or designee must:

- Conduct a home visit within three working days following the initiation of placement (a second weekend may not pass prior to the home visit).
- Continue to assess and evaluate safety in the placement environment.
- Confirm with the out-of-home care provider expectations and their role in the protective plan.
- Discuss any issues related to the care of the child.

Other records such as police reports may be useful in determining whether placement danger threats exist. The caseworker should analyze information from all available sources to help evaluate the environment of the placement home, and subsequently decide if the child can be placed in the home safely. To assist with this decision, the caseworker may consider the criteria in DHS 12.06, of the Administrative Code.

If a child is safe from immediate harm in an unlicensed placement home, the caseworker continues to collect information from the out-of-home care provider through additional contacts to confirm a safe placement. This assessment includes the out-of-home care provider's ability to care for the longer-term needs, emotional development, and well-being of the child.

Confirming Safe Environments at the Initiation of a Child's Placement in a Licensed Foster Home

Prior to placement the caseworker or designee must have verbal contact with the placement provider to assess and evaluate safety in the placement environment. The caseworker or designee must discuss expectations and clarify the role of the out-of-home care provider and provide information on any issues related to the care of the child.

Within 24 hours of placement the caseworker or designee must:

- Conduct a CCAP check on all individuals seventeen years of age and older residing in the identified placement home.
- Conduct a reverse address Sex Offender Registry check.
- Conduct a check of eWiSACWIS records on all individuals seventeen years of age and older residing in the identified placement home.
- Assist the caregiver in setting up whatever provisions are needed for the care of the child.

A home visit must be made within three business days, not to exceed five calendar days. The purpose of the home visit is to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. A second weekend may not pass prior to the initial home visit with the licensed provider.

During the first encounter with an out-of-home care provider, the caseworker or designee gathers information to identify and understand placement danger threats. During the initial and subsequent home visits and face-to-face monthly contacts, the caseworker interviews and observes household members and collects data from other sources to make determination about placement danger threats and the appropriateness of the placement.

Within seven business days following the initial home visit the caseworker or designee must:

- Conduct a home visit to assess and evaluate for a safe environment in the placement setting.
- Confirm with the out-of-home care provider expectations and his or her role in the protective plan.
- Discuss any issues related to the care of the child as well as continue to assist the out-of-home care provider in setting up whatever provisions are needed for the care of the child.

Additionally, the caseworker or designee must:

- Consider placement danger threats at first encounter and on an ongoing basis with out-of-home care providers to determine the safety of the placement home. If a placement danger threat(s) is confirmed, the caseworker must locate and transition the child to a new placement home immediately.
- Assess the out-of-home care provider's ability to provide care for the child, view of the child; and when a relationship currently exists between the out-of-home care provider and the child, an understanding of the need for the child to be placed in out-of-home care.
- Assess the child's reaction to the placement home and the out-of-home care provider in cases where a relationship currently exists between the out-of-home care provider and the child

All potential out-of-home care providers and other household members in a care giving role must be included in the assessment. "Household member" means any person living in a foster home, whether or not related to the licensee as defined in Ch. DCF 56 Administrative Code

When initiating a placement of the child in foster care, the caseworker must make face-to-face contact with the foster parent. This early face-to-face contact assists the child in transitioning to the foster home and supports the provider in caring for the child. If a child is safe from immediate harm in the foster care placement, the caseworker continues to collect information from the out-of-home care provider through continued contact to confirm a safe placement. This assessment includes the out-of-home care provider's ability to care for the child's long-term needs, emotional development, and well-being.

Assessing for a safe environment in a foster home is a shared responsibility between the licensing worker and the agency caseworker. Both caseworkers should work together and share information accordingly to ensure the child is safe in the placement setting.

Placement Danger Threats and Placement Decisions

Placement danger threats are severe in nature and indicate the unlicensed or foster care placement is an unsafe environment for the child (Appendix V, page 257).

- When a placement danger threat(s) is confirmed at the first encounter with the out-of-home care provider, the caseworker must immediately pursue an alternative placement for the child.
- When a placement danger threat(s) is confirmed for a child currently in placement, the caseworker must immediately begin the process of transitioning the child to an alternative placement.
- When a placement danger threat is confirmed for a specific child, the caseworker must immediately assess the safety of all children in the home. To accomplish this, the caseworker collaborates with other caseworkers with children placed in the home as well as the foster care coordinator. If a determination is made that the placement home is unsafe, the caseworker for each child must immediately transition the child to an alternative placement.

At times, the court may continue a placement despite a confirmed placement danger threat. In these situations, a plan should be made to ensure a safe environment for the child and should be recorded in the Confirming Safe Environments document in eWiSACWIS and the child's Permanency Plan.

Use of the Child and Adolescent Needs and Strengths Assessment

The Child and Adolescent Needs and Strengths (CANS) assessment process and tool is used to:

- Identify the needs and strengths of the child.
- Determine the ability of the provider to meet the child's needs.
- Evaluate the stability of the placement.

Current Caregiver Child and Adolescent Needs and Strengths (CANS) Rating of “3”

The caseworker uses the Child and Adolescent Needs and Strengths (CANS) tool to assist in identifying a child’s needs and strengths to meet his/her needs and make the best possible match with a placement home. This assessment process also identifies the current caregiver’s needs to support him/her in providing care for the child placed in the home.

- When the caseworker rates any area a “3” on the CANS tool for the “Current Caregiver,” the caseworker must reassess placement danger threats for the child.
- If a placement danger threat(s) is confirmed, the caseworker must immediately transition the child to an alternative placement.
- When a placement danger threat is identified for a specific child, the caseworker must assess the safety of all children placed in the home. If an unsafe determination is made for other children in the home, the caseworker must immediately transition the child(ren) to an alternative placement.

Confirming Safe Environments in Group Homes or Residential Care Centers

One of the primary purposes of a group or residential care placement is to address the unique needs of children who require more intensive services than a family setting can provide. These placement settings offer specialized services in a structured environment for children and youth with special developmental, therapeutic, physical, or emotional needs. Services and supervision are provided by staff employed by the group or residential care setting. Therefore, evaluating safety of the environment in these settings is different from in placement homes where specific caregivers are licensed to provide care.

Confirming Safe Environments in Group Homes or Residential Care Centers

Prior to placement, the caseworker or designee must evaluate the safety of the group homes or residential care center by:

- Ensuring the facility has the capacity to meet the child’s needs based on their Child and Adolescent Needs and Strengths (CANS) score.
- Making a determination with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child’s safety.
- Addressing any additional needs to ensure the child is safe in the placement setting. Examples include additional or special training for agency staff, rearranging the living environment, etc.

At a minimum, the caseworker or designee must evaluate and confirm the safety of the environment in the group home or residential facility setting every six months while a child remains in this placement setting. The caseworker or designee must:

- Confirm the facility has the continued capacity to meet the child's needs based on the current CANS score.
- Evaluate changes in the child's CANS assessment to determine if this has any implications for the current facility to meet the child's needs or the stability of the placement.
- Confirm with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child's safety.
- Evaluate the child's adjustment to and views about the current placement.

When a safety concern is identified for the placed child that involves or may impact the safety of other children in the placement setting, the worker must address it by reporting the information to the appropriate authority (e.g., CPS, child welfare licensing, law enforcement, etc.).

Risk Management in All Placement Setting Types

At times, the behaviors of other minors in the placement setting (e.g. birth or adoptive children of the placement providers, other children in the placement, children receiving day care services, etc.) or conditions of the physical environment may present risk to the child.

The caseworker or designee should assess and evaluate the behaviors of other minors within the home to determine the needs of the child and to assist the placement provider in meeting identified needs.

Risk Management Planning

The caseworker or designee collaborates with other caseworkers or facility staff to understand the behaviors of other children in the placement setting. The following behaviors must be considered to determine if there is a risk to the child:

- Aggressive behaviors - especially children known to have a history of violence.
- Sexually abusive behaviors, including children within the placement setting who victimize other children physically or sexually.
- Other behavior issues, including mental health, AODA, or other concerning behaviors such as fire setting, etc.

When risk is identified, a risk management plan must be created to mitigate the risk and ensure the environment is safe for the child. Considerations for a risk management plan include, but are not limited to, the following:

- Additional or special training for placement providers.
- Additional contact by agency or other providers.
- Re-arranging the living environment (changing sleeping arrangements, moving children to other units in a RCC, etc.).

The “Confirming Safe Environments” template in eWiSACWIS must be used to guide and document risk management.

Documentation

The caseworker must use the “Confirming Safe Environments” template in eWiSACWIS to guide and document decision-making related to assessing, evaluating, and confirming safety in all unlicensed and foster care placements, and in all group home and residential placements. Information regarding a safe environment must be documented in the family eWiSACWIS case record and approved by a supervisor or his/her designee fourteen calendar days from the date the placement was made by the supervisor and caseworker.

Contacts during Ongoing Services

Establishing a relationship with the family is fundamental to developing a better understanding of the family dynamics leading to agency intervention and engaging the family in the change process. Accomplishing this necessitates a high level of contact by the caseworker to collaborate with the family to eliminate impending danger and achieve permanence.

The frequency of face-to-face contact is based on the needs of the family as identified in the safety or Permanency Plan. While a child is in out-of-home care, face-to-face contact is important to continuously assess safety and achieve permanence. It may be necessary to conduct unannounced or unscheduled face-to-face contact or, when appropriate, visits with the child should be alternated between the placement location and another community setting (e.g. daycare, school, counseling appointment). In these instances, the face-to-face contact should occur in a manner consistent with the purpose of the home visit and is respectful of the child and parents or caregivers involved. Full disclosure regarding announced and unannounced contacts should be discussed at the onset of the case.

Frequency of Face-to-Face Contact

Caseworker face-to-face contacts focus on the assessment of safety, permanence, and well-being needs of the child and must be sufficient to address the requirements of safety plan and goals of the Permanency Plan. The agency ensures that child(ren) and individuals in a parenting role (excluding out-of-home care providers) have monthly face-to-face contact with an individual (caseworker, contract agency, or tribal social worker) unless the safety plan or licensing requirements require more frequent contact.

Contact with Parents/Caregivers

When out-of-home care is sought to control impending danger, the caseworker or designee must have:

- Monthly face-to-face contact, at a minimum, with parents.

Documentation

The caseworker must document both completed and attempted face-to-face contacts with parents/caregivers and children in eWiSACWIS as a case note. The case note must include, at a minimum, the following information:

- Date, time, and duration of the visit.
- Participants involved.
- Location of the visit.
- Type of contact.
- Purpose and summary of the results of the contact.

In addition, at least one case note per month must include the following information:

- The status of impending danger (see Appendix II, page 246); the sufficiency, feasibility, and sustainability of the safety plan; and, any needed revisions including an evaluation of impending danger; a review of safety service actions and timeframes; a discussion of any issues to be resolved or clarified with safety service providers; the commitment of providers to remain involved in the plan; and whether family members understand and agree with their role in the safety plan.
- The progress towards meeting goals of the Permanency Plan including information about whether family members understand the reason for behavioral change and understand their role in the change process; the parent's engagement and involvement in the change process; and, any increase/enhancement in protective capacities that would mitigate identified threats.

Effective use of caseworker contacts supports the work that is done on a monthly basis to move the family forward in achieving a safe, permanent, and stable home. Progress and change related to enhancing parent/caregiver protective capacities is the essential concern along with achieving timely permanence for the child. Documentation of contact must reflect the caseworker's actions in supporting the family, child, and providers to achieve timely permanence, safety, and stability for the child.

Contacts with the Child

Private, face-to-face contact with children in out-of-home care is essential because it provides opportunities for the child to openly discuss adjustment to the placement setting and express thoughts and feelings about their out-of-home care experience. It also provides the caseworker with opportunities to confirm the safety of the placement setting.

The caseworker must have monthly face-to-face contact with the child, at a minimum. The majority (greater than 50%) of the fact-to-face contacts must be in the child's out-of-home placement.

When the child resides in a placement more than 60 miles from their residence, face-to-face contact may be quarterly by the assigned agency caseworker if the placement facility or another agency or contract worker (licensing worker, residential staff, treatment foster care worker, etc.) maintains at least monthly face-to-face contact with the child. When courtesy supervision has been requested of another county or DMCPs and the other agency is providing courtesy supervision on a monthly basis, the requested county is not required to have face-to-face contact with the child. The worker providing courtesy supervision is a caseworker under these standards.

When a child is assessed at a Level 3 or higher on the CANS and placed with an out-of-home care provider with a certification of 3 or higher, the supervising agency (county or CPA) must have bi-weekly, face-to-face contact with the child.

Documentation

The Ongoing Services caseworker or designee must document both completed and attempted face-to-face contacts with the child in eWiSACWIS as a case note. The case note must include, at a minimum, the following information:

- Date, time, and duration of the visit.
- Participants involved.
- Location of the visit.
- Type of contact.
- Purpose and summary of the results of the contact.

In addition, at least one case note per month must include the following information:

Safety

This includes the ongoing assessment of child safety and, if applicable, community or a child or juvenile's behavioral risk(s), including risk to self and risk to others. Describe how the child is adjusting to the current living arrangement (e.g., foster home, group home, RCC, etc.), educational setting, or alternative setting (e.g., non-custodial parent, respite care). Include whether or not the child has had an opportunity to engage in private communications with the caseworker regarding the out-of-home placement.

Permanency

This includes a discussion of tracking progress on achieving outcomes, adjustment of strategies/intervention(s) when needed, transitional planning, family interaction, life skills development, and independent living transition planning for youth age 14 or older.

Status of child's well-being

A description of the child's physical health, learning and development (educational program attendance, progress, and IEP), mental health needs (emotional development and behavioral functioning), and the child's ongoing opportunities to engage in age or developmentally appropriate activities.

The Department or county department must document the information listed above in eWiSACWIS within 20 working days after face-to-face contact with the child regardless of whether the visits were conducted by the caseworker or a designee.

For additional information, refer to page 267 “Caseworker Contact Face-to-Face Requirements for Children and Juveniles in an Out-of-Home Placement” policy. Additional information regarding caseworker contact with children in Level 3, 4, and 5 foster homes is found in Ch. DCF 56.19(1)(b) Admin. Rule http://dcf.wisconsin.gov/publications/pdf/dcf_p_pfs0131a.pdf.

Contacts with Out-of-Home Care Provider

At a minimum the caseworker must have monthly face-to-face contact with the out-of-home care provider.

Contact with the out-of-home care provider focuses on the safety, permanence, and well-being of the child. This includes:

- Evaluating the compatibility of the child with the out-of-home provider and other household members.
- Evaluating the ability of the out-of-home care provider to meet the needs of the child in a safe manner.
- Evaluating the experiences the child has had to regularly engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Discussing any additional support needed by the out-of-home care provider to safely maintain any child living with the out-of-home provider.

Documentation

The Ongoing Services caseworker or designee must document contacts with the out-of-home care provider in eWiSACWIS as a case note.

Locating & Involving Non-Custodial Parents and Other Relatives

When a child is placed in out-of-home care and one or both of the child's parent(s)/caregiver(s) whereabouts are unknown, the agency must make continuous efforts to locate and include them in the case planning process. Continued efforts to locate and engage non-custodial parents and relatives must occur throughout the case process.

Requirements:

The agency must document all continued efforts to locate and engage non-custodial parents and relatives in the family's eWiSACWIS family search portion of the case record.

For additional information, refer to page 180, "Locating Non-Custodial Parent / Relatives."

Non-custodial parent and relative searches should include, but are not limited to the following actions:

- If the parent or caregiver(s) of the child can be identified and is present, ask him or her to identify and provide the whereabouts of the absent parent and relatives.
- If appropriate, ask the child to identify and provide the whereabouts of the absent parent and relatives.

As the case progresses, as part of continuing efforts to search:

- Check the family's agency record, including eWiSACWIS, for non-custodial parent identification and whereabouts.
- Check the Department of Children and Families, Bureau of Child Support's KIDS system for identification or location of a non-custodial parent or alleged father. (See Appendix III, Locating Non-custodial Parents and Relatives – Search tools, page 253)
- Consult the identified tribe of an Indian child for information on non-custodial parents and alleged fathers.
- Ask the reporter of a child abuse and neglect referral received by Access.
- Ask the school the child attends or previously attended to see if there are additional emergency contacts listed of which the agency is unaware.
- Check the CARES system records if your agency has an information sharing agreement with your local CARES agency. CARES issues Wisconsin Works (W-2), Food Share, Medicaid, and Child Care benefits.
- Contact neighbors at a last known address to see if they have current location information.
- Inquire at county jails for the absent relative.
- Research CCAP (Consolidated Court Automation Project) at:
<http://wcca.wicourts.gov/index.xsl>

- Submit an inquiry to the Prison Inmate Locator System through the Department of Corrections (DOC): <http://www.vinelink.com>

Caseworkers should be aware of confidentiality restrictions regarding use of information in a case record, either on paper or in eWiSACWIS and in KIDS. Please review DCFS Numbered Memo 2004-13B and Information Memo 2006-19 for additional information.

When seeking information from people or resources outside the case, caseworkers must continue to maintain confidentiality about the identity and circumstances of the children and families with whom they are working.

Documentation

The agency must document all continued efforts to locate and engage non-custodial parents and relatives in the eWiSACWIS case record.

Children or Juveniles Missing from Out-of-Home Care

When the whereabouts of children or juveniles living in out-of-home care settings are unknown, the safety and well-being of those children or juveniles cannot be ensured. When children or juveniles are missing from care, they are vulnerable to and at risk of additional emotional and physical trauma (e.g., sexual exploitation, drug abuse, or criminal activity). Thus, measures to locate the child or juvenile, communicate with critical individuals and agencies involved with the child or juvenile, and plan for the child's or juvenile's safe return must be made.

Requirements:

For additional information, refer to page 204, "Children and Juveniles Missing from Out-of-Home Care."

When a child or juvenile is considered missing from out-of-home care, the case shall not be closed just because the child or juvenile is missing from care. Any decision to close a case with an open court order for a child or juvenile who has not yet attained 18 years of age, or who has attained 18 years of age with an open court order, should be done in consultation with the agency's legal counsel.

Evaluating the Permanency Plan

Three main intervention responsibilities exist when evaluating the Permanency Plan. First, caseworkers must measure enhancement of caregiver protective capacities. This is especially important in cases where children are placed in out-of-home care. Decisions about whether to pursue reunification or another permanence goal within ASFA timeframes depends on existence of parents/caregivers progress toward resuming their protective parental role. Evidence of achievement of established goals and proof that service providers are providing for the family must occur. Second, CPS must determine the suitability of the safety plan including determining whether intrusiveness of the plan and intensity of services should be adjusted while also considering whether caregiver responsibility and involvement must be increased or decreased. Finally, CPS continually assesses all plans while the caseworker maintains focus on the importance of safe and permanent living arrangements for the child. The results of Permanency Plan evaluations provide evidence for the caseworker in order to establish whether conditions exist that support safety, stability, and permanence.

Family engagement is necessary to measure and achieve case progress. Caseworkers are obligated to involve family members in decision-making and ensure full disclosure is maintained with families throughout the process. Engagement strategies build mutually beneficial partnerships that build and sustain the family's interests in, and commitment to, the Permanency Plan. Engagement is necessary for effective decision-making regarding changing a permanence goal, evaluating progress, and planning transitions. Engaging with a family requires skill to ask difficult questions and provide honest, clear, and upfront information.

To measure and evaluate progress, caseworkers are responsible for meaningful face-to-face contact as well as other forms of contact with the child, parents/caregivers, and informal and

formal service providers. Regular and consistent contact between the caseworker and family is necessary to continue to build a working partnership and develop strong relationships focused on the safety and permanency of children.

Content

When evaluating the Permanency Plan, the caseworker uses the goals in the Permanency Plan as the basis for measuring progress and change related to enhancing parent/caregiver protective capacities and achieving permanence. The caseworker gathers information from parents/caregivers, children, family team members, and informal and formal service providers to make decisions about:

- The family's progress toward achieving change and permanence.
- The effectiveness of service delivery related to achieving goals.
- The sufficiency of the safety plan and whether a less intrusive CPS intervention can be implemented.

Content in Evaluating the Permanency Plan

The content of the Permanency Plan evaluation must include:

- Updated general person management case information to ensure the case record is up-to-date (family demographics, agency and legal).
- A current assessment of impending danger, the sufficiency, feasibility, and sustainability of the safety plan, and any needed revisions.
- A review of progress in enhancing parent/caregiver protective capacities as demonstrated by specific, observable, measurable behavioral changes.
- Updated information related to the parent/caregiver readiness for change and their participation in Permanency Plan services and activities; (identifying and understanding where a parent is in terms of their acknowledgement/acceptance of problems and willingness to change).
- A review and confirmation of the effectiveness of providers, informal supports, services or other plan strategies.
- A current assessment of child functioning and well-being (education, health, mental health, and, when applicable, independent living plan).
- A review of the child's participation in regular opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Any additional needed changes to the plan.
- A review of progress in locating and engaging absent parents, and other relatives.
- An evaluation and confirmation of the continued safety, stability, and appropriateness of the placement setting.
- A rating of the child's legal permanency status (See Appendix IV, Permanency Status Indicators, page 256).

Additional Requirements When a Child is an Indian Child

The Permanency Plan evaluation must ensure compliance with Active Efforts as defined by WICWA. This includes documentation of the agency's efforts in the following areas:

- Requesting the tribal agency to assist in evaluating the case.
- Inviting representatives of child's tribe to participate in custody proceedings at the earliest point.
- Notifying and consulting extended family members to provide structure and support to the child and parents/caregivers.
- Providing family interaction.
- Offering and employing all available family preservation strategies.
- Offering and actively assisting families in accessing community resources.
- Monitoring progress and client participation in services provided.
- Seeking alternative ways of addressing identified needs when services do not exist or are not available to the family.

The Permanency Plan evaluation must also ensure that the Indian child's placement complies with the order of placement preferences under s. 48.028(7)(b) Stats. or, if applicable, s. 48.028(7)(c) Stats. If the placement is not in compliance with that order, a statement as to whether there is good cause, as described in s. 48.028(7)(e) Stats., for departing from that order, must be a part of the evaluation process.

Evaluating progress of goals established in written agreements is a continual process of tracking and adjusting by the caseworker. In order to understand changes and needs of the family, the caseworker uses information obtained from monthly contacts with children, parents/caregivers, out-of-home care providers, collateral contacts, and the family team.

Evaluating and Revising the Permanency Plan

The Permanency Plan must be revised and documented in eWiSACWIS when an evaluation indicates or reveals:

- Family conditions or dynamics related to protective capacities or impending danger change to allow for a more or less restrictive plan.
- More information is learned about child functioning, adult functioning, parenting practices or family functioning that necessitates a change to the case plan to assist the family in making the needed behavioral changes.
- A change on the CANS identifies additional service needs for the child.
- A change on the CANS identifies that another placement type is more appropriate to meet the needs of the child and the placement is more restrictive (e.g. from a residential care center to foster care).
- The court orders a disposition not consistent with the child's Permanency Plan;
- An administrative review panel makes a recommendation to change the existing Permanency Plan and court order.
- When the permanence goal for the child is changed.

The agency must create or revise a Permanency Plan that is consistent with any of the above circumstances and file it with the court. Copies of the revised, filed plan must be provided to the child's parent or guardian, to the child or the child's counsel [i.e. Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA)], and to the district attorney or the corporation counsel.

The filed Permanency Plan is part of the dispositional order. For any of the court-ordered changes listed above, the caseworker does not have to go back to court at that time for an additional revision to the Permanency Plan. These court-ordered changes are considered a part of the dispositional order and thus included in the Permanency Plan.

An example of when the court orders a disposition that is not consistent with the Permanency Plan is if the current Permanency Plan has been filed within 60 days of the child's entry into out-of-home care with a placement in foster care and the court subsequently orders a dispositional order placing the child into residential care. This means the child's Permanency Plan would need to be updated to reflect the dispositional order.

Evaluating the Safety Plan

Evaluating safety is a continuous process of tracking and adjusting throughout the CPS process. Assessing safety should be routine in all contacts with children, families, placement homes and providers. Caseworker contacts are one consistent avenue where a caseworker is evaluating the information gathered to inform the safety analysis and plan at every contact with a family.

Evaluating and Revising the Safety Plan

The safety analysis and plan must be evaluated in collaboration with the parents/caregiver and safety service providers. The safety plan is revised and documented in eWiSACWIS when contacts, observations, and gathered information indicate positive or negative changes related to parent/caregiver protective capacities or impending danger threats to child safety.

When children are placed in out-of-home care, information gathered from the parents/caregivers, child and out-of-home care provider is used to:

- Assess if impending danger threats (Appendix II, page 246) in the parental home are in effect.
- Determine if conditions have changed or can be controlled with services to allow the child to return home with a sufficient, feasible, and sustainable in-home safety plan.

Modifications to the safety analysis and plan must be approved by a supervisor and documented in eWiSACWIS.

Reconfirming Safe Environments of Unlicensed Homes and Foster Care

While the child resides in out-of-home care the caseworker must, at a minimum, evaluate and confirm the safety of a specific placement every six months or at the review of the Permanency Plan, whichever comes first.

The caseworker, designee, or other individual identified by agency policy (e.g. foster care coordinator, paraprofessional staff, etc.) must:

- Conduct a CCAP records check on all individuals seventeen years of age and older residing in the identified placement home.
- Conduct a reverse address Sex Offender Registry check and a CPS records check on any individual seventeen years of age and older that has moved into the identified placement home since the previous confirmation or reconfirmation of safety in the placement environment.

Additionally, the caseworker or designee must:

- Have face-to-face contact with out-of-home care provider(s) to judge the safety of the placement home by assessing placement danger threats (See Appendix V, page 257). If a placement danger threat(s) is confirmed, the caseworker must locate another placement home for the child immediately.
- Assess the out-of-home care provider's ability to meet the combined needs of all the children and any other individuals requiring care in the home.
- Evaluate changes in the child's most recent CANS assessment to determine if there are implications regarding the current out-of-home care provider's ability to meet the child's needs or the stability of the placement.
- Evaluate changes in the current out-of-home care provider's CANS assessment to determine if there are implications regarding provider's ability to meet the child's needs or the stability of the placement.
- Evaluate the child's adjustment to and attitude about the current placement as well as the child's overall integration into the placement family.
- Evaluate the current out-of-home care provider regarding the provider's ability to support the permanency goal for the child, establish a relationship with the identified permanent placement for the child (unless the current out-of-home care provider is also the identified permanent placement), and establish a relationship with the caseworker/agency.

Agencies may designate the background check function to other individuals based on their agency policy. It is the responsibility of the caseworker or designee to utilize the background information to confirm safety in the placement environment for the child(ren).

Additional Situations When Reconfirming a Safe Environment is Required

The caseworker or designee must review and, if necessary, document changes to the Confirming Safe Environments in an Unlicensed or Foster Care Placement at each of the following points in the case:

- When conditions in the placement home that might affect a child's safety change either positively or negatively (e.g., an adult moves in or out of the home);
- When the physical address of the placement changes (e.g., when a caregiver moves to a new home);
- When a report of alleged maltreatment is received; or
- When there is concern of a possible Placement Danger Threat (Appendix V, page 257).

Placement Danger Threats and Placement Decisions

Placement danger threats (Appendix V, page 257) are severe in nature and indicate the unlicensed or foster care placement is an unsafe environment for the child.

- When a placement danger threat is confirmed for a specific child, the caseworker must immediately assess the safety of all children placed in the home. To accomplish this, the caseworker collaborates with other caseworkers that have children placed in the home as well as the foster care coordinator. If a determination is made that the placement home is an unsafe environment for other children in the home, the caseworker for each child must immediately begin the process of transitioning the child to an alternative placement.

At times the court may continue a placement despite a confirmed Placement Danger Threat (Appendix V, page 257). In these situations a plan should be made to ensure a safe environment for the child and recorded in the Confirming Safe Environments document in eWiSACWIS.

Current Caregiver CANS Rating of “3”

The caseworker uses the CANS tool to assist in identifying a child’s needs and strengths in order to meet his/her needs and make the best possible match with a placement home. This assessment process also identifies the current caregiver’s needs in order to support him/her in providing care for the child placed in the home.

- When the caseworker rates any area a “3” on the CANS tool for the “Current Caregiver,” the caseworker must reassess placement danger threats for the child.
- If a placement danger threat(s) is confirmed, the caseworker must immediately begin the process of transitioning the child to an alternative placement.
- When a placement danger threat is identified for a specific child, the caseworker must assess the safety of all children placed in the home. If a determination is made that this is an unsafe environment for other children in the home, the caseworker must immediately begin the process of transitioning the child(ren) to an alternative placement.

Documentation

The caseworker must use the “Reconfirming Safe Environments” page in eWiSACWIS to guide and document decision-making related to assessing, evaluating, and confirming safety in all unlicensed, foster care, group home, and residential care center placements. Information regarding a safe environment must be documented in the family eWiSACWIS case record and approved by a supervisor or designee.

Subsequent Permanency Plan

Subsequent Permanency Plans must be reviewed, updated, and provided to all parties, as required in s. 48.38(5)(b) and 938.38(5)(b) Wis. Stats., in the case ten days prior to the next permanency review or hearing.

The subsequent Permanency Plan must include information about the child and parent/caregiver progress from the previous six months and goals for the next six months.

Timeframe and Documentation

As part of evaluating the Permanency Plan, the caseworker must formally evaluate and document the Permanency Plan no later than six months from the day of removal when the child is placed in out-of-home care.

Subsequent reviews of the Permanency Plan must be completed within six months of the last formal review. The results of the Permanency Hearing or review shall be documented in the eWiSACWIS Permanency Review Page.

Requirements must be documented on the Permanency Plan in the family eWiSACWIS case record and approved by a supervisor or designee.

ACHIEVING SAFETY, STABILITY, AND PERMANENCE

Safety, stability, and permanence are essential for all children involved with the child protective service system no matter the circumstances or type of case. Every child is expected to have a safe, stable, and permanent home prior to case closure. When working with families, the agency is responsible for permanence by ensuring a safe and stable home for children that remain with parents/caregivers, are reunified with parents/caregivers, or are placed in an alternative permanent living situation.

Permanence Determination and Achievement

Permanence

The prompt and decisive actions that are made to maintain a child safely in his/her own home or to permanently place him/her in a safe alternate family setting can have a lasting impact on the quality of a child's permanent relationships, cultural identity, and sense of self.

Effective practice requires that planning for a child's permanence begin with the end in mind. It is important to develop a partnership with the family in understanding the specific conditions required before child permanence can be achieved. These conditions should be related to the goals specified in the Permanency Plan or court order. It should be clear to the child and family when the Permanency Planning process is completed. Planning for permanence includes establishing lifelong connections for the child.

Permanency consultation is available to plan for a child's permanence in a timely manner. Permanency consultation can assist agency staff in evaluating whether a particular goal is appropriate and how to address barriers in achieving permanence.

The Department of Children and Families has permanency consultants who are resources for professional consultation regarding permanency for children in out-of-home care (see Appendix VI, Permanency Consultation roles and Responsibilities, page 265).

Professional Consultation may include:

- Case consultation
- Concurrent planning meetings
- Family meetings
- Legal consultation and planning
- Permanency Plan reviews
- Permanency roundtables
- Tribal review and consultation

Permanency Planning

Permanency Planning requirements continue until permanence is achieved for a child or the child reaches the age of majority and ages out of care. Permanence should bring physical, legal, and emotional safety and security within the context of a family relationship and allow lifelong relationships with a variety of caring adults.

Permanence can be achieved in a variety of ways. The Adoption and Safe Families Act (ASFA) recognizes the following permanence goals:

- Reunification
- Adoption
- Transfer of Guardianship
- Placement with a Fit and Willing Relative
- Other Permanent Living Arrangements (OPPLA) (i.e., sustaining care or long-term foster care)

Reunification is typically the desired permanence goal. However, there are times when reunification may not be appropriate or cannot occur. For these children, it is important to consider other permanence goals.

For children with a goal of “Other Planned Permanent Living Arrangement” (OPPLA) continued planning efforts to achieve the goals of adoption, transfer of guardianship, permanent placement with a fit and willing relative, or reunification are required. In each case one or more of these basic sets of circumstances apply:

- The child is 16 years of age or older
- The child cannot be safely reunited with his or her birth family.
- Recruitment of an adoptive or guardian family have not been successful.
- The agency has been unable to place the child with a fit and willing relative.
- There is an identified appropriate planned permanent living arrangement in which the child wishes to continue living.
- A decision is made that adoption or guardianship is incompatible with a youth’s age, special need or complex circumstances.
- The youth is being provided an opportunity to be a part of the decisions related to his or her permanency.

Children placed under a tribal court order (i.e. ICWA) who are under age 16, may continue with a permanency goal of OPPLA until September 29, 2017.

In all cases choosing the most appropriate goal(s) for a child involves considerations of the child, the family, the tribe, and the relationships of the child with others and the progress of the Permanency Plan. (See Appendix VII, Permanency Options, page 270 which has been developed to assist caseworkers in considerations for each of the allowable permanency options).

Permanence has been reached once a judge states an identified goal has been achieved, however, the transition to permanence includes families living free of CPS agency intervention. Agencies have the responsibility to ensure families are aware of resources and supports necessary to sustain the child on their own.

Under changes to WI Stats. Act 128, sustaining care contracts for children under the age of 16 are voided and no new sustaining care contracts may be entered into as of February 5, 2016.

Concurrent Planning

Concurrent planning is a process of working on one permanence goal while at the same time establishing and implementing an alternative permanence goal that involves simultaneous activities to move a child more quickly to permanence. It involves a mix of meaningful family engagement, targeted case practice, and legal strategies aimed at achieving timely permanence. Concurrent planning must include the following core components:

- Assessment/Determination
- Full Disclosure
- Family Search and Engagement
- Teaming
- Family Interaction
- Clear time lines
- Transparency
- Collaboration with stakeholders

Assessing the Need for Concurrent Planning

Assessing the need for concurrent planning involves early assessment of the conditions that led to the child's placement into out-of-home care, the strengths of the family, and the likelihood of reunification within 12 to 15 months that is culturally respectful and based on the family's history and current functioning. The assessment is based on a review of factors that make timely reunification more or less likely. This allows the caseworker and child's team to make determinations about the family's capacity to benefit from reunification services and the need for alternative planning. By no means should the presence of such conditions be construed to mean reasonable efforts to reunify the child are not required, unless they meet the statutory criteria for instances where reasonable efforts are not required as stated in s. 48.38(4m) and 938.38(4m) Wis. Stats.

Determination of Appropriateness for Concurrent Planning

Certain indications have been shown to be related to factors that can delay or decrease the likelihood of reunification. When one of the following circumstances exists, a concurrent permanence goal and plan must be established for a child:

- The child has been the victim of more than one form of abuse.
- There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse, severe neglect, or there is a pattern of intergenerational abuse with a lack of historical change in family dynamics.
- A parent has a history of substance abuse or is chemically dependent and/or has a history of treatment failures or the child was drug-exposed at the time of birth.
- The child has been abandoned with friends, relatives, out-of-home care providers, hospital, or after being placed in care, parents do not visit on their own accord. Parents disappear or appear rarely.
- A parent is intellectually impaired or has shown significant deficits in care for the child and has no support system of relatives able to share parenting.
- Parents or caretakers have a pattern of at least one year of documented history of domestic violence between caretakers and they refuse to separate.
- A parent's rights to another child have been involuntarily terminated or the parent has asked to relinquish the child on more than one occasion.
- A parent has significant, protracted, and untreated mental health issues.
- The child or siblings have been placed in out-of-home care or with relatives for periods of over six months duration or have had repeated placements with CPS intervention and previous attempts at reunification have failed.
- A parent's only visible support system is a drug culture, with no significant effort to change over time.
- A parent has repeatedly and with premeditation harmed a child or the child experienced extreme physical or sexual abuse by a parent or the parent has allowed someone else to abuse the child.
- A parent has previously killed or seriously harmed another child.

The above list shall not be considered the only instances when a concurrent plan may be established.

The establishment of a concurrent plan must be documented in the child's eWiSACWIS Permanency Plan.

Concurrent planning involves the practice of engaging parents in a discussion about all the permanence options, including the steps necessary for reunification, the possibility of a voluntary TPR, and the likelihood of an involuntary TPR if reunification goals are not accomplished within specified time limits. It is not a fast track to adoption, but to permanence. Effective concurrent planning assures that the parents recognize that they choose outcomes for their child through their actions.

Family teaming is a critical component of concurrent planning practice. Concurrent planning and family teaming are approaches that happen at the same time. Family teams support the concurrent planning process by providing a format to share knowledge, planning, and decision making with the family and providers regarding goals, timelines, and options for permanence.

Legal Permanency Status Ratings

Caseworkers with the assistance of permanency consultants must rate the legal permanency status within 60 days and every six months if: a concurrent plan is required and the Permanency Plan is anything other than reunification or guardianship (See Appendix IV, Legal Permanency Status Indicators, page 256).

Full Disclosure

Full disclosure involves the caseworker providing information, both verbally and in writing to the parents/caregivers so that they fully understand the need for timely permanence for their child throughout the life of the case. Full disclosure includes the caseworker:

- Explaining that foster care is temporary, and it is not good for children to grow up without permanent parent(s).
- Providing information about the parents' rights and responsibilities, including: the need to share information about the child's needs, a search for and consideration of relatives who may be able to care for the child, participation in the case planning process and the involvement of the court system.
- Discussing the support services available to help the child's parents.
- Providing information about the goals of concurrent planning, time frames and permanency options. The social worker must explain to the parents that developmental and emotional harm can result from a child placed in foster care and the urgency to get the child out of foster care, either through reunification with the parent(s) or into a legally permanent home.
- Informing the parents about the consequences of not following through with the case plan.

Achieving Permanence

Reasonable and Active Efforts to Achieve Permanence

Child welfare agencies are required to provide reasonable or Active Efforts in the case of an Indian child, to achieve permanence for children in out-of-home care.

Considerations for reasonable efforts may include:

- Providing family interaction.
- Offering of services consistent with the Permanency Plan goals.
- Providing case management services through an assigned caseworker.

Active Efforts as defined by WICWA must include:

- Request tribal agency to assist in evaluation of the case.
- Representatives of child's tribe were invited to participate in custody proceeding at earliest point.
- Extended family members notified and consulted to provide structure and support
- Provide family interaction.
- All available family preservation strategies were offered or employed.
- Community resources were offered and actively assisted in accessing those resources.
- Monitoring progress and client participation in services was provided.
- Alternative ways of addressing the needs were provided if services did not exist or were not available to the family.

For each permanency option there are specific criteria that need to be considered for appropriateness when choosing that goal and identifiable achievement in order to consider the child to have obtained permanence.

Permanency Goals

Reunification represents a specific event within ongoing case management. It is possible to reunify after parents/caregivers have made progress related to issues associated with safety threats and parent/caregiver protective capacities. The essential question is, "Can the child be kept safe within the home if he or she is returned home?" The answer to this question is based on the determination that there has been sufficient change related to parent/caregiver behavior or adjustment or change in circumstances associated with conditions for return which justify returning the child home. The safety assessment results will assist the ongoing services worker in determining if reunification can occur with or without an in-home safety plan.

Trial Reunification

Caseworkers shall consider the use of trial reunification as a way to provide a structured way to work towards reunification with the child's parents or home of removal. When an in-home safety plan can be implemented, a trial reunification may be appropriate.

"Trial reunification" means a period of seven consecutive days or longer, but not exceeding 150 days, during which a child who is placed in an out-of-home placement under s. 48.355 or 48.357 Wis. Stats. resides in the home of a relative of the child from which the child was removed or in the home of either of the child's parents for the purpose of determining the appropriateness of changing the placement of the child to that home.

For additional information, refer to page 190, "Trial Reunification" and s. 48.358 or 938.358 Wis. Stats.

Reunification Criteria and Process

Reunification is defined as a child returning to the child's parents or the home from which he or she was removed.

Prior to the decision to reunify for a Child Protective Services case, the caseworker must re-assess safety. Reunification can occur when the assessment and analysis of impending danger indicates one of the following:

- Child safety can be controlled through an in-home safety plan.
- Parent/caregiver protective capacities are sufficiently enhanced to manage threats to child safety.
- It is in the child or Indian child's best interest to reunify.

When reunification is with a non-custodial parent, the agency shall continue to work with the non-custodial parent to obtain a family court order that supports the current situation. Until the family court order is modified the agency shall not close its case until this process is completed.

Prior to reunification for all case types the:

- Worker must consult with his/her supervisor, or designee.
- Agency must ensure court approval.
- Worker must develop a plan that addresses how changes in family dynamics will be managed.

Documentation Requirement in the Permanency Plan for Choosing the Goal of Reunification:

- The conditions, if any, upon which the child will be returned safely to his or her home, including any changes required to the parents' conduct, the child's conduct, or the nature of the home must be documented in the plan.
- Agency efforts to achieve this goal.

Reunification does not equal case closure. When threats to child safety can be controlled through an in-home safety plan, trial reunification, or both, the child should be returned home.

Once the child is reunified, the caseworker will continue to work with the parents/caregivers on behavioral changes that will result in sufficient caregiver protective capacities to protect the child from the identified impending dangers and ensure safety, permanence, and stability through the CPS in-home standards.

Termination of Parental Rights (TPR)

The federal Adoption and Safe Families Act (ASFA) [42 USC 675 (5)(E) and 45 CFR 1356.21(i)] specifies that a TPR petition must be filed for a child who has been in out-of-home care for 15 of the last 22 months. The timeframes do not consider whether or not an adoptive resource has been located for the child.

Exception to Requirement

When an agency does not file a TPR petition within the ASFA timelines, one or more compelling reasons must be documented as an exception. For additional information, refer to DCFS Memo Series 2007-18, "ASFA Exception to Filing a TPR Petition."

Adoption Criteria and Process

Adoption is intended to provide the legal guarantee of permanence for a child. Any decision to pursue an adoption should minimally include the following:

The proposed adoptive resource demonstrates protective capacities, stability, nurturing care, and the ability to provide a lifelong commitment and relationship with the child.

The caseworker has explained to the proposed adoptive resource the eligibility of continued financial assistance through Adoption Assistance and for continued Medical Assistance through Title XIX for the child.

When adoption is identified as the permanence goal for a child the following needs to be completed by the caseworker and submitted to the permanency consultant assigned to the county of jurisdiction: the Adoption Readiness form (DCF-F-CFS2370) and a legal permanency status rating (See Appendix IV, page 256).

If the child is assessed to be ready for adoption and the legal permanency status is “good” or better, then:

- The caseworker shall make a Permanency Readiness referral (DCF-F-CFS2370-E) to the regional adoption contract supervisor.

Adoption may occur when all three occur:

- The child is legally free for adoption
- There is an identified and approved adoptive resource.
- The court finalizes the adoption in a court hearing.

Documentation Requirement in the Permanency Plan for Choosing the Goal of Adoption

- The rationale for choosing the goal of adoption.
- The efforts of the agency to achieve the goal of adoption.

Transfer of Guardianship Criteria and Process

When reunification is not possible and an individual will assume the legal and financial responsibilities associated with guardianship as specified in s. 48.977 Wis. Stats., or Ch. 54 Wis. Stats., a transfer of guardianship is appropriate. With a transfer of guardianship, the birth parent(s) retain their parental rights, but with limitations placed on them by the courts or guardians.

Transfer of Guardianship may occur when:

The proposed guardian(s) demonstrates protective capacities, stability, nurturing care, and the ability to provide a lifelong commitment and relationship with the child.

The proposed guardian(s) demonstrates the capacity to manage the relationship with the child's birth parents including any contact with the child after permanence has been achieved.

The agency caseworker has explained to the proposed guardian the supports and services available to them under adoption and the eligibility (see Permanency Options, Appendix VII, page 270) of continued financial assistance through:

Subsidized Guardianship

Applies to guardianships established under s. 48.977 Wis. Stats., or under a substantially similar tribal law in Wisconsin and to children and proposed guardians that meet the eligibility criteria established by this policy, regardless of whether the child is placed in Wisconsin or out-of-state.

If the child and caregiver are eligible for a subsidized guardianship an eligibility determination must be made.

Eligibility for Subsidized Guardianship Child

- A child as defined by s. 48.02(2) Wis. Stats., is eligible to receive subsidized guardianship if the agency determines that all of the following apply:
 - The child has been removed from his or her home pursuant to a voluntary placement agreement under s. 48.63 Wis. Stats., or under a substantially similar tribal law or under a court order containing a finding that continued placement of the child in his or her home would be contrary to the welfare of the child.
 - The child is placed with the prospective relative or "like kin" guardian for at least six consecutive months immediately proceeding the establishment of the guardianship.

- It has been determined that reunification and adoption are not appropriate permanency options for the child. Placement preferences as required under WICWA shall be followed with any proposed permanent option for an Indian child and notice shall be sent to the tribe as required. (s. 48.977(4)(g)4. Wis. Stats.)
- Tribal traditions shall be considered when choosing permanency options in the best interests of an Indian child.
- The child demonstrates a strong attachment to the prospective guardian; and if the child is age 14 or older, he or she has been consulted regarding the guardianship agreement.
- The guardianship is pursuant to s. 48.977 Wis. Stats., or a substantially similar tribal law in Wisconsin.

Prospective Guardian

A prospective guardian who meets all of the following criteria may receive subsidized guardianship payments on behalf of an eligible child:

- The individual is a prospective guardian as defined by s. 48.977 Wis. Stats.
- The prospective guardian is the eligible child's relative as defined by s. 48.02(15) Wis. Stats. or has a "like-kin" relationship with the child. A "like-kin" relationship is an individual who has an existing family-like relationship with the child or child's family prior to the child's entry into out-of-home care placement, who has a significant emotional connection to the child and the individual does not meet the relative definition under s. 48.02(15) Wis. Stats.
- The prospective guardian is a licensed foster parent and approved for subsidized guardianship by the department or county agency and all adults residing in the guardian's home meet the requirements specified in s. 48.685 Wis. Stats.
- The eligible child has resided with the prospective guardian in the prospective guardian's residence for at least six consecutive months immediately preceding the establishment of the guardianship.
- The guardian has a strong commitment to permanently caring for the child.
- Prior to being named guardian of the child, the guardian entered into a subsidized guardianship agreement with the agency.
- The guardian has obtained legal guardianship under s. 48.977 Wis. Stats. or a similar tribal law after entering into a subsidized guardianship agreement or a substantially similar tribal law in Wisconsin and the underlying CHIPS, JIPS, or tribal order has been vacated after the subsidized guardianship agreement has been negotiated and finalized with the department or county agency.

For more information about Subsidized Guardianship go to:

http://dcf.wisconsin.gov/children/statewide_subsidized_guardianship/default.htm

Documentation Requirement in the Permanency Plan for Choosing the Goal of Guardianship:

- The rationale for choosing the goal of guardianship
- The efforts of the agency to achieve the goal of transfer of guardianship.

Guardianships can be vacated if a parent or guardian petitions the court to have the guardianship vacated. Prior to vacating a Chapter 48 guardianship, the court will notify the child welfare agency of any petition to vacate the guardianship. If a guardianship is vacated another person may be named as an interim caretaker, or in the event of the guardian's death or incapacitation another person may be named as a successor guardian in accordance with Chapter DCF 55 and s. 48.623 and 48.977 Wis. Stats.

Permanence has not been achieved if the agency is unable to achieve safe case closure, keeps the out-of-home care placement open for reimbursement purposes to continue to make foster care payments, or the court continues the out-of-home care placement. In this case all permanency-planning requirements are still in effect, including family interaction planning.

Permanent Placement with a Fit and Willing Relative

Permanent Placement with a fit and willing relative may occur when:

- The relative demonstrates to the agency the capacity and ability to cooperate with the birth parent(s) to manage conflict and obtain the necessary signatures from the birth parent to maintain the child's health and well-being needs.
- The relative must also demonstrate the ability, capacity, and commitment to provide long-term for the child's safety, permanence, and well-being needs.
- The relative must meet placement criteria for a relative as defined by s. 48.02(15) Wis. Stats.
- The agency caseworker has explained to the relative the supports and services available to them under other more permanent options such as adoption guardianship with either Subsidized Guardianship payments or Kinship Care payments for the child and the eligibility requirements for voluntary Kinship Care under Ch. DCF 58 Admin. Rule for continued financial assistance.

Documentation Requirements in the Child's Permanency Plan:

- The rationale for choosing the goal of permanent placement with a fit and willing relative.
- The efforts of the agency to achieve permanent placement with a fit and willing relative.

Other Planned Permanent Living Arrangements

Other Planned Permanent Living Arrangement (OPPLA) is the least preferred option for a child and lacks legal permanence for the child. OPPLA, which includes long-term foster care and sustaining care, is an arrangement that is planned and intended to establish permanency for a child through a supportive relationship with a significant adult(s) that will endure over time, minimally until the child reaches the age of 18 years old. OPPLA may only be a permanency goal for children age 16 and over. Children placed under a tribal court order (i.e. ICWA) who are under age 16, may continue with a permanency goal of OPPLA until September 29, 2017. Caution should be used when choosing OPPLA for any child. OPPLA is not intended for a temporary placement plan and should not be confused with Independent Living services.

This shall be the goal of choice only when there is a finding by the court that the other four goals are not in the child or Indian child's best interests.

The caseworker must continue the following efforts:

- Continue diligent efforts to locate and engage non-custodial parents, fathers, and other relatives as resources for the child.
- Review the case file in detail and talk with those familiar with the child to locate and identify relationships or significant connections that may have been missed or that may be developing, i.e., teachers, medical caregivers, volunteers, etc. to see if a permanent resource can be made.
- Talk to the child about the important people in their lives, who they look up to and who they feel they can count on to "be there" for them.
- Exploration of the child's relationships as they develop and change over time.
- For relationships that have been identified, evaluate and screen, support and nurture such relationships through interaction, information sharing, and activities that build on the foundation that has been established.
- Continue intensive and ongoing efforts to return the child to the child's home or to place the child for adoption, with a guardian, or with a fit and willing relative. This should include searches of social media.
- Continue to ensure the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities and to ensure that the child's caregiver is applying the Reasonable and Prudent Parent Standard to decisions concerning the child's participation in those activities.

Documentation Requirements

The following must be documented in the child's Permanency Plan in eWiSACWIS:

- The rationale for choosing the goal of OPPLA.
- The continued efforts of the agency to achieve the other permanence options for the child, unless there is a Sustaining Care Contract (s. 48.428, Wis. Stat.) with

the caregiver.

- The intensive, ongoing, and unsuccessful efforts made by the agency to return the child home or place the child for adoption, with a guardian, or with a fit and willing relative, including through efforts that utilize technology, such as social media, to find the child's biological family members.

The following must be documented on the permanency review or hearing results template in eWiSACWIS:

- Confirmation that the court or administrative body discussed with the child his / her desired permanency outcome.
- A finding by the court or administrative body that OPPLA is the best permanency plan for the child.

Under changes to WI Stats. Act 128, sustaining care contracts for children under the age of 16 are voided and no new sustaining care contracts may be entered into as of February 5, 2016.

If resources are established for the child, but there are barriers to legal permanence for the child through adoption or guardianship, agencies may want to consider using a permanency pact with the child and committed adult(s) to establish a more formal commitment to an enduring relationship with the child. A permanency pact that has been developed by FosterClub, a national organization, can be found at: <http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf>

Transitioning a Child to Permanence

The agency must assist and prepare the child for the transition to permanence. Transition preparation must identify and address long-term needs consistent with the child's age and development. The agency caseworker shall ensure that the transition is known and agreed to with others involved in implementing the transition to permanence.

A child's readiness to proceed with permanence is aided by conscientious preparation by caseworkers before, during, and after transitions to:

- Prepare the child and family.
- Assess any current or ongoing needs.
- Develop a process for the transition that is in the best interests of the child considering his/her emotional, behavioral, and psychological needs.

Caseworkers and permanency consultants, when involved, must assess the steps taken earlier to prepare the child and permanent caregiver(s) to determine any additional and on-going services needed to plan for the child's safety, emotional readiness, and overall functioning, and the family's readiness for permanent placement.

When multiple children of the same family are involved in achieving permanence from their out-of-home care settings, the plans to transition to permanence should be child-specific with efforts made to prevent re-entry. For reunification, consideration should be given to the timing of each child's reunification and the parents' capacity to manage the reintegration of each family member into the family unit and each child's specific needs for transitioning. The use of a Trial Reunification (see page 190) may also be warranted.

Safety, permanence, and stability are achieved within a family relationship that offers safe, stable, and committed parenting, unconditional love and lifelong support, and legal family membership status.

Caseworkers need to recognize that older adolescents are in a crucial transition phase toward self-sufficiency. Therefore, healthy relationships and supportive individuals, including foster parents, friends and other adults in the community are extremely important to youth exiting out-of-home care, as well as opportunities to practice life-skills; mechanisms for assuring the involvement in decisions affecting their lives; assuring youth's familiarity with community resources and the establishment of transitional living resources;. Lifelong connections to caring adults are paramount to the success of older youth exiting out-of-home care.

Independent Living Planning

If the child is 14 years of age or over and has been in out-of-home care for six months, an independent living plan is required to specify the programs and services that will be, or are being, provided to assist the child in developing life-skills while in care and preparing for the transition from out-of-home care to independent living.

The Permanency Plan must be developed in consultation with the youth and two other individuals selected by the youth who are not the youth's caseworker or foster parent. The agency may reject a person selected by the youth if the agency has good cause to believe that the person would not act in the best interests of the youth. The Permanency Plan must include all of the following:

- The anticipated age at which the child will be discharged from out-of-home care.
- The anticipated amount of time available in which to prepare the child for the transition from out-of-home care to independent living.
- The anticipated location and living situation of the child on discharge from out-of-home care.
- A description of the assessment process, tools, and methods that have been or will be used to determine the services that are, or will be, provided to assist the child in preparing for the transition from out-of-home care to independent living.
- The date the child received the Handbook for Youth in Foster Care, which describes the rights of the child with respect to education, health, visitation, and participation in court proceedings, and
- The rationale for each program or service that is or will be provided to assist the child in preparing for the transition from out-of-home care to independent living, the time frames for delivering those programs or services, and the intended outcome of those programs or services. Programs and services include but are not limited to:
 - Successful high school education, postsecondary education, or training.
 - Career planning.
 - Employment.
 - Safe and stable housing.
 - Home maintenance.
 - Transportation.
 - Health and medical.
 - Cultural competency.
 - Knowledge and use of community resources and support systems.
 - Financial self-sufficiency.
 - Other life skills development goals as identified by the youth.
- If the youth is age 16 or older, the agency must provide the youth with a copy of his or her credit report annually, as well as the completed Chart Your

Course of Action, if applicable. If there are any inaccuracies in the credit report, the agency shall make efforts to amend these errors.

If a youth has been in care for six months or longer and reaches the age of majority, the agency responsible for providing services to the youth must ensure the child is in possession of the following:

- Certified copy of their birth certificate,
- social security card,
- information on maintaining health care coverage, and
- either a driver's license or a state-issued identification card

The agency must update and provide the following to the youth 90 days prior to the youth's 18th birthday:

- Copy of the youth's health care records.

These documents must be provided to the youth 90 days prior to when the youth reaches age 18. If the youth remains in care after age 18, the agency must continue to update these documents and provide them to the youth 90 days prior to the termination of the court order or Voluntary Transition to Independent Living Agreement. This must be documented on the child's Permanency Plan.

National Youth in Transition Database (NYTD)

Youth at age 17

Any youth in out-of-home care who reaches his or her 17th birthday is a part of the baseline population for the NYTD outcomes survey process.

The survey asks youth questions about their financial self-sufficiency, any experience with homelessness, educational attainment, positive adult connections, high-risk behavior, and access to health care and insurance.

Outcomes survey for 17-year-olds must be completed within 45 days after the youth's 17th birthday.

County agencies have a role in the successful survey gathering, as outlined below. However, in the NYTD survey process, UW Survey Center (UWSC) will play a more prominent role in the management, outreach and survey completion functions.

The process is as follows:

- On or near the youth's 17th birthday, the UWSC will mail an initial letter to the youth containing a customized web link and passcode to access the web-based survey. A \$5 bill will be included in the initial letter as a token of appreciation for the youth's time.
- At the same time, the youth's caseworker will be sent an e-mail from the UWSC with the same web link. An eWiSACWIS tickler will continue to be activated to notify caseworkers that the NYTD Outcomes Survey for the 17-year-old must be completed within 45 days after the 17th birthday. Upon receiving the e-mail, caseworkers should contact the youth to make sure the youth received the letter and the \$5 bill. If the youth did not receive the letter, caseworkers can use the link in their e-mail, which provide access to the survey.

NOTE: If the youth has internet access, the youth is encouraged to take the survey right away. If the youth does not have internet access and/or needs assistance, the caseworker should arrange a time with the youth to take the survey.

- Frequent reminder letters will be sent from the UWSC to the youth until the survey is completed.
- If a youth has not completed the survey after repeated letters, the UWSC telephone-interviewing staff will begin calling the youth.
- Once the survey is complete and taken within the 45 days, the UWSC will send the youth a \$20 bill. Late responders (after 45 days) will not receive \$20.

To improve the likelihood of completion of the surveys for youth at ages 19 and 21, workers must obtain information from the youth about how to contact them after they leave out-of-home care in order to follow-up with them at age 19 and 21. This information must be entered on the Contacts Tab on the IL page in eWiSACWIS.

In order to ensure information is collected timely, it is recommended that workers arrange their

monthly visit to take place immediately following the youth's 17th birthday in order to complete and submit the survey within the required 45 days.

Youth at Ages 19 and 21

Each youth who participated in the NYTD Outcomes survey as part of the baseline population at age 17, becomes the follow-up population at ages 19 and 21. Those who participated in the data collection at age 17, but not 19 for a reason other than being deceased, remain a part of the follow-up population at age 21. These youth must complete the survey within the federal reporting period in which a youth's 19th and 21st birthdate falls. For example, a youth who participated at age 17, whose 19th or 21st birthday falls between the reporting period of October 1st through March 31st, must complete the survey anytime between October and March. Likewise, a youth whose 19th or 21st birthday falls between April 1st through September 31st must complete the survey between April and September.

The process is as follows:

- Initial letters for 19-year-olds and 21-year-olds will be sent out by the UWSC at the beginning of the federal reporting period. For example, if a youth's birthday falls between October 1st and March 31st, the youth will be sent a letter on or near October 1st. The initial letter will contain a customized web link and passcode to access the web-based survey. A \$5 bill will be included in the initial letter as a token of appreciation for the youth's time.

NOTE: In order to assist the UWSC with its outreach efforts, contact information in eWiSACWIS for youth who have aged out of care on a semi-annual basis.

- Frequent reminder letters will be sent from the UWSC to the youth until the survey is completed.
- If a youth has not completed the survey after repeated letters, the UWSC telephone-interviewing staff will begin calling the youth.
- Once the survey is complete and taken within the federal reporting period, the UWSC will send the youth a \$20 bill. All compliant youth receive a total of \$25.

As with the NYTD survey at age 17, survey results, when authorized by the youth, will be downloaded onto the youth's IL page in eWiSACWIS.

The Wisconsin NYTD Tip sheet provides ideas on preparing for, administering, and maximizing response rates to the NYTD survey.

The caseworker or designee is required to ensure this requirement is met for youth in an out-of-home placement.

Independent Living Transition to Discharge Plan

If the child is 17 ½ or over, the focus of the plan changes from one of life-skills development to transitioning to independence. The caseworker must create an Independent Living Transition to Discharge (ILTD) plan for each youth exiting care after the age of 18, which must contain provisions to ensure that basic resources are in place for a youth who is transitioning to adulthood including, but not limited to:

- The youth's anticipated date of and age at discharge from out-of-home care.
- Obtaining and securing housing.
- Managing health care needs.
- Continuing education.
- Building a relationship or attachment to a supportive adult(s)/mentor(s).
- Employment services.
- Workforce support.
- Continuing necessary supportive IL services after leaving out-of-home care.
- Obtaining required essential documents.

90 days prior to the youth turning 18, the 90-Day ILTD plan must be finalized with the youth and entered into eWiSACWIS.

For more information see page 211, "Independent Living Transition to Discharge Plan."

Division of Milwaukee Child Protective Services Permanency Support

The ongoing case management agency provides a customized set of supports and services for children and families. These supports and services help resolve problems before they escalate and decrease the need for prolonged involvement in the CPS system. They also help ensure that newly reunified families receive the assistance they need to continue providing a safe home for their children after CPS exit their lives.

Permanency Support Requirements

The ongoing case management agency continues to work with families after reunification for a twelve-month period. During this time, the family legal status will fall into one of two categories:

1. Court order remains in effect. This means the child remains in the legal custody of the DMCPD during the permanency support period and the ongoing case management agency remains responsible for case plan completion.
2. Court order is dismissed or allowed to expire. This means family participation is voluntary and ongoing case management remains available until the permanency support period has ended.

Based on family need, the ongoing case management agency must provide all of the following:

- Services and supports for 12 months following the achievement of reunification.
- Periodic contact with family based on court requirements and family need.
- Services that are developed and mutually agreed upon with the family.

Case Closure for Child Protective Services Cases

Safety intervention responsibilities are incomplete until certain assessments and conclusions are reached. It is important to emphasize that in no instance should a case be recommended for case closure if a child is not safe.

Prior to case closure, the agency should arrange and facilitate a process to engage family members, service providers, and informal supports in developing a plan for identifying and meeting child and family needs after agency involvement has ended.

The first safety intervention responsibility at case closure is safety assessment. The assessment must include information concerning the absence or presence of impending danger threats.

The second responsibility is concerned with assessing caregiver protective capacities. The caregiver's protective capacities should be sufficient to protect against threats that continue to exist or might emerge. The caregiver should fully embrace and act effectively in their protective role.

The final safety intervention responsibility is to review the need for a “safety net” followed by establishing one as appropriate. A safety net refers to arrangements, connections, and supports within the family network or community that can be created, facilitated, and reinforced that reassure the caregiver, provide resources, and assistance.

To assist a family in achieving sustainable change and, ultimately, safe case closure, the caseworker must apply safety and permanency related concepts and criteria as part of their intervention responsibilities. This includes:

- Continually reassessing impending danger; evaluating and confirming the sufficiency, feasibility, and sustainability of safety plans and when necessary, making immediate adjustments to ensure safety interventions are the most appropriate and least intrusive for the family.
- Engaging parents/caregivers and children in the assessment and planning process to:
 - Identify behavioral change strategies that address impending danger by enhancing caregiver protective capacities.
 - Identify lasting and permanent connections for the child and family.
- Evaluating progress related to the parent/caregiver establishing and maintaining a safe and permanent home for their children.

Planning for Safe Case Closure

The agency caseworker must ensure the transition to case closure is communicated to others involved with the case.

Stability and safe case closure is achieved by:

- Preparing the child and family.
- Assessing any current or ongoing needs.
- Developing a process for the transition in the best interests of the child considering their emotional, behavioral, and psychological needs.

The caseworker uses the following criteria to determine if a safe home exists and permanence has been achieved:

- Parents/caregivers have made sufficient progress in addressing case goals (enhanced protective capacities).
- Formal or informal supports are available and accessible to the family, as needed, after the case is closed with the agency.

Prior to case closure, the caseworker must have face-to-face contact with family members and the family team, if involved, to:

- Support the family in determining how their needs will be met after agency involvement ends.
- Inform the family of the date that ongoing child protective services will end.

Other reasons a case may close include when a child reaches the age of majority or a court refuses to extend an order. Please see page 93 and page 152, Independent Living Planning, regarding the requirements when a child reaches the age of majority.

Safety at Case Closure

Safety intervention at case closure relates to confirming there exist no impending danger threats and that sufficient parent/caregiver protective capacities exist to protect the child from impending danger threats.

The CPS responsibilities in making a determination that a safe home exists include both:

- A formal safety assessment confirms the absence of impending danger threats (Appendix II page 246).
- Parent/caregiver protective capacities are sufficient.

The caseworker must work with the family to ensure informal or formal supports are in place prior to case closure. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once CPS involvement ends.

Documentation

Case closure information must be documented in the family eWiSACWIS case record and approved by a supervisor or designee within 30 days from the date the case closure decision was made by the supervisor and caseworker. Documentation at planned case closure must include:

- A reassessment of child safety.
- The rationale for the decision to close the case.
- A description of the closure process with the family and service providers, including the family's plan for meeting future service needs.

Additional requirements when a family no longer accepts services:

- A reassessment of child safety.
- Any agency efforts to continue to provide services. If the safety assessment indicates that a child in the family is not safe, this must include efforts to request a petition to the court to order services.
- The reason for closure.
- A copy of a letter to the family indicating what actions the agency has taken or will take and other resources available to the family.

A case may not be closed if there is an active CHIPS order.

In all cases when a child is an Indian child, a letter must be sent to the tribe indicating that the case has been closed and a copy of the letter must be maintained in the family's case record.

Early Dismissal of Dispositional Order

One responsibility of the CPS caseworker is to initiate as appropriate, additional court actions.

When a determination is made that a family is no longer in need of court ordered CPS services, a request must be submitted to the court for early dismissal of the dispositional order and signed by the judge before a case with court jurisdiction can be closed by the agency.

Any decision that is made shall be done in consultation with the agency's district attorney or cooperation counsel.

CHILD WELFARE OUT-OF-HOME CARE CASES

Introduction

Information from an initial assessment, a child welfare assessment, or the juvenile court intake process guides decision-making about whether an agency will open a case for ongoing services. When children are safe, but the agency determines that a child requires either specific services or sanctions in the community or in a placement setting, the agency opens a child welfare case. Agencies are not required to open these cases unless a child is in need of an out-of-home placement, but if a decision is made to serve the family, this Standard applies.

Child welfare cases involve providing support and services to a family. The caseworker focuses on assessing the family for strengths and needs, managing safety of placement setting, achieving permanence and well-being, and attaining safe case closure. The primary focus of agency intervention is the provision of child and family support and services rather than safety intervention focused on enhancement of parent/caregiver protective capacities. These cases may be court ordered or voluntary. These cases include Juvenile Justice (JJ) and Juveniles in Need of Protection or Services (JIPS) cases.

Safety intervention for child welfare cases, whether in-home or out-of-home, focuses on confirming that children remain safe and protected from abuse and neglect. Although child safety is not the reason for agency intervention, it is important to understand there may be times during the life of a case when family dynamics and functioning change, resulting in an unsafe child. At this point, a case becomes a child protective services case and cannot be served under this Standard.

Applicability

This Standard applies when an initial assessment, a child welfare assessment, or the juvenile court intake process concludes that a child is safe but the parent or guardian is unable, needs assistance to care for or provide necessary treatment, or services for the child or juvenile, the agency provides ongoing services for the following reasons:

- A child or juvenile is in need of an out-of-home placement.
- A family is in need of child welfare services.
- A case transitions from the state to the county where permanence is not achieved after a termination of parental rights (TPR).

This Standard cannot be used when the agency determines a child to be unsafe. The agency must use the Child Protective Services Chapters when there is impending danger (See Appendix II, page 246) and insufficient caregiver protective capacities to protect a child from threats. Additionally, if during monitoring of the case the agency becomes aware of alleged maltreatment or present or impending danger threats to child safety, immediate action to control for child safety must be taken including a report to Access, if warranted. Agencies must assure that all actions of either the agency or contracted provider staff comply with this standard.

Examples of child welfare cases can include, but are not limited to, children with disabilities and their families are unable to meet their treatment needs without agency assistance; youth with challenging behaviors or mental health conditions and their families are unable to meet their treatment needs without agency assistance; children whose case has been returned to the county from the state adoption program; and family court transfers of jurisdiction.

Child Welfare Cases (CHIPS, JIPS, and Juvenile Justice)

This section applies to all child welfare cases where a child or juvenile is in an out-of-home care setting, including those placed through via a CHIPS, JIPS or delinquency order. The intent of case management for out-of-home care child welfare cases is to support families in achieving permanence.

Although child safety is not the reason for agency involvement, the focus of whether the child or juvenile is safe in his/her placement is a critical agency responsibility when children or juveniles are in out-of-home care. When children or juveniles are in out-of-home care, agencies remain responsible to confirm whether a child or juvenile is safe at the time of placement, as well as, reconfirm to ensure the placement remains safe through case closure.

No matter the reason for agency involvement, it is critical for children and juveniles to have permanence and stability in their living situations including continuity of family relationships and connections. Effective case practice requires that planning for permanence begin with the end in mind. The prompt and decisive actions that are made to maintain a child or juvenile safely in his/her own home or to permanently place him/her in a safe alternate family setting can have a lasting impact on the quality of a child's/ juvenile's permanent relationships, cultural identity, and sense of self.

Timeframe for Initial Contact

Child Welfare Cases (CHIPS only)

Within seven working days of an approved case transition staffing, the ongoing services caseworker must have face-to-face contact with parents/caregivers and children. Within this timeframe, the caseworker must communicate with case participants and providers to:

- Provide the caseworker's name and contact information.
- Elicit their understanding regarding the reason for their involvement.
- Confirm the initial family interaction plan is working.
- Confirm their continued commitment and ability to remain actively involved in the Permanency Plan.

Child Welfare Cases (JIPS and Juvenile Justice only)

The caseworker should have initial contact with family and child within seven working days of an approved assessment.

When children are in out-of-home care, family interaction is an opportunity to maintain, establish, and promote parent-child and sibling relationships. It is also an opportunity for parents/caregivers to evaluate their own parenting practices and gain knowledge of new practices and views about parenting. The initial family interaction plan is implemented until a more thorough understanding of family dynamics is understood by the caseworker.

Family Interaction Plan

Child Welfare Cases (CHIPS only)

Basic Requirements

The agency or its designee is responsible for assuring the initial face-to-face family interaction contact occurs within five working days of the child(ren)'s placement in out-of-home care.

The agency shall, no later than 60 calendar days after placement, establish and document a family interaction plan that outlines the anticipated interaction for the child with their parents, siblings, and other identified participants.

Frequency

Face-to-face family interaction is the responsibility of the agency and must occur weekly, at a minimum.

When siblings are not placed together, sibling face-to-face interaction must occur monthly, at minimum.

Additional Requirements

- Children must have other family interaction (e.g., telephone calls, letters, etc.) with their parents and siblings as much as possible.
- Family interaction can only be prohibited by the agency if a court finds that continued contact is not in child's best interests.
- Family interaction can be decreased or suspended if there is evidence that the contact is contrary to the safety of the child(ren) and this information is documented in the case record.
- Family interaction cannot be used as a punishment, reward, or threat for a child.
- The agency cannot restrict or suspend family interaction as a means to control or punish a parent for failure to work with agency or community providers or to comply with conditions of the case or Permanency Plan.
- The out-of-home care provider cannot prohibit family interaction.

Documentation

The family interaction plan and content must be documented in the eWiSACWIS case record.

Family Interaction (JIPS/Juvenile Justice only)

Face-to-face family interaction is the responsibility of the agency and must occur on a regular basis.

When siblings are not placed together, sibling face-to-face interaction must occur as frequently as possible, when appropriate.

Documentation

The family interaction plan and content must be documented in the juvenile's Permanency Plan.

Case Planning (CHIPS, JIPS, and Juvenile Justice)

The caseworker begins to discuss permanence with families prior to filing the initial Permanency Plan. These discussions with the child and family must incorporate the following topics:

- The roles and responsibilities of both the caseworker and family.
- The reason for agency involvement.
- A review of family's permanence goal, the court process, ASFA timelines, and possible outcomes or consequences.
- The parents' or caregivers' rights and responsibilities throughout the ongoing services and court processes with an emphasis on the temporary state of out-of-home care and the emotional and developmental impact of out-of-home care on children.
- The value of maintaining family interaction.
- The purpose of the non-custodial parent, relatives, and informal supports as resources for the child and family (see page 180 "Locating Non-Custodial Parent / Relatives").
- The role of out-of-home care provider.
 - Including, but not limited to reasonable and prudent parenting decisions to ensure the child has regular opportunities to engage in age and developmentally appropriate activities.
- The need for compliance with Active Efforts for eligible Indian children as defined in WICWA. This includes:
 - Requesting the tribal agency to assist in evaluating the case;
 - Inviting representatives of child's tribe to participate in custody proceedings at the earliest point;
 - Notifying and consulting extended family members to provide structure and support to the child and parents/caregivers;
 - Providing family interaction;
 - Offering and employing all available family preservation strategies;
 - Offering and actively assisting families in accessing community resources;
 - Monitoring progress and client participation in services provided; and
 - Seeking alternative ways of addressing identified needs when services do not exist or are not available to the family.

WICWA also applies to certain JIPS cases under Wisconsin statute §. 938.13. Specifically, WICWA applies to juvenile custody proceedings for juveniles who are uncontrollable (s. 938.13(4)), habitually truant (§. 938.13(6)), school dropouts (§. 938.13(6m)), or habitual runaways (§. 938.13(7)).

For additional WICWA information and requirements, refer to the Wisconsin Indian Child Welfare Act Desk Aid, Appendix I, page 241.

The family and the out-of-home care provider should be encouraged to collaborate in order to meet the needs of the child and to support one another. This can be accomplished through shared parenting, teaming, and joint decision making about the child.

Determining Change

Information from initial assessment, child welfare assessment, or juvenile court intake process lays the foundation for considering what must change in order for the child to be reunified. Throughout the ongoing services process, the caseworker clarifies and gathers additional information and works with the family to understand and gain consensus about the changes necessary for a safe, stable, and permanent home allowing for case closure.

Identifying With the Family Necessary Changes (CHIPS, JIPS, & Juvenile Justice)

Based on the information discovered throughout the assessment process, the caseworker and parents/caregivers and child, as age and developmentally appropriate, continue with purposeful discussions about a change strategy that will result in a Permanency Plan as required in §. 48.38 and §. 938.38.

This process includes using the Child and Adolescent Needs and Strengths (CANS) tool to:

- Gather and assess information in the following areas:
 - Child functioning and well-being (school/child care setting: learning and development, medical/dental/mental health needs).
 - Physical/emotional/behavioral functioning, familial relationships, social skills, impact of trauma on the child, risk behavior, strengths, the effects of the culture of the child and family on service provision).
 - Adult functioning (physical/emotional/behavioral functioning, parenting practices).
 - Family functioning (current service provision, individuals the child and family identifies as supports and resources, social activities).
- Share information with the family in order to:
 - Identify family strengths, supports, and existing parent/caregiver capacities.
 - Understand what parents/caregivers identify as strengths about themselves as individuals and in their care-giving role.
 - Identify the needs of children and parents/caregivers and identifying ways in which parents/caregivers can be involved in meeting the needs of their children.
 - Determine whether any professional evaluations (i.e. mental health; medical; educational) are indicated for the child or parents/caregivers to inform Permanency Plan treatment services.
 - Determine with the family the most logical place to begin focusing on change, setting goals, and identifying potential service options.

Developing the Permanency Plan

The Permanency Plan serves as an organizer of case activity and a tool for communicating with parents/caregivers, children, their family members, court parties, and other individuals involved in providing supports and services to the family. The caseworker is responsible for overseeing the implementation of the Permanency Plan and working with parents/caregivers to facilitate change. Managing the Permanency Plan and change strategies primarily involves assuring that the Permanency Plan is targeting goals associated with enhancing stability and achieving permanence. Ultimately, the purpose of the Permanency Plan is to identify steps toward establishing a safe and permanent home.

Planning and Developing Goals with the Family (CHIPS, JIPS, and Juvenile Justice)

This process with the family includes:

- Identifying the behaviors that need to change, be demonstrated, and sustained.
- Developing behaviorally stated, measurable goals related to support of the family and stability of the child that are phrased in the family's own terminology.
- Confirming any specific needs the children or juveniles may have, including any community safety needs and how any identified needs will be addressed.
- Ensure the child has opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Identifying supports and change strategies to assist the family in achieving permanence and safe case closure (i.e., long-term view).
- Identifying services and activities that are acceptable, accessible, and appropriately matched with what must change.
- Assuring goals establish a sufficient behavioral benchmark for evaluating change;
- Determining permanence goals as required and establishing a plan to achieve permanence for the child. Permanence options are: reunification, adoption, transfer of guardianship, placement with a fit and willing relative, or other planned permanent living arrangement.
- Caseworkers, with the assistance of permanency consultants, must rate the legal permanency status if a concurrent plan is required and the Permanency Plan is anything other than reunification or guardianship (see Appendix IV, page 256, Legal Permanency Status Indicators).
- Planning to identify, locate, and involve non-custodial parents, alleged fathers, and relatives as resources for permanency options for children (see page 180, "Locating Non-Custodial Parent / Relatives").
- Planning to ensure continued Active Efforts as defined in WICWA for eligible Indian children.

The Assessment Process with the Out-of-Home Caregiver

The caseworker will gather and assess information using the Child and Adolescent Needs and Strengths (CANS) tool about the functioning of the Out-of-Home Caregiver in relation to the specific child placed in their care in the following areas:

- Supervision
- Problem solving
- Involvement with the child's care
- Parenting knowledge
- Empathy with the child
- Organization
- Social resources
- Physical health, mental health, substance use, or possible other disability
- Family stress
- Cultural congruence

The placing agency shall use information from the assessment of the child, the child's family, and the child or youth's out-of-home caregivers for all of the following to:

- Communicate information about the needs and strengths of the child or youth and their family.
- Assist with determining the child or youth's service needs and developing the Permanency Plan of care.
- Determine a level of need for the child or youth.
- Inform decisions regarding a placement at a level of care that is appropriate to meet the child or youth's level of need.
- Evaluate the match between the knowledge, skills and abilities of an out-of-home care provider and the needs and strengths of the child or youth.
- Assist in the development of services and supports needed for a specific child or youth and out-of-home care provider to promote the stability of the placement.
- Provide a mental health screen to all children or youth entering out-of-home care.
- Determine any supplemental payments under DCF 56.23 (2).

Case Assessment and Permanency Plan Documentation

All case assessment and Permanency Plan requirements must be documented in the family case record in eWiSACWIS on the Permanency Plan form DCF-F-CFS2132-E and include:

- General person management case information to ensure the case record is up-to-date (family demographics, agency and legal).
- Child or youth functioning, adult functioning, parent functioning and parenting practices, and family functioning information.
- Criteria based goals that are behaviorally stated, understandable to the family, specific and measurable.
- Services for the child or youth and family.
- Removal information and circumstances including reasonable efforts to prevent removal.
- Placement information, location and placement history.
- Permanence goals with supporting information.
- The child's Health Summary.
- The child's Educational Summary.
- The child's ongoing opportunities to engage in age or developmentally appropriate activities following reasonable and prudent parenting.
- The family interaction plan.
- Independent living services, when applicable.

Additional Requirements When a Child is an Indian Child

The following must also be documented in the case plan when the child is an Indian child:

- The name, address, and telephone number of the Indian child's parent, Indian custodian, and tribe.
- A description of the remedial services and rehabilitation programs offered under Wisconsin statutes §. 48.028(4)(2). in an effort to prevent the breakup of the Indian family.
- A statement as to whether the Indian child's placement is in compliance with the order of placement preferences under §. 48.028(7)(b) or, if applicable, §. 48.028(7)(c) and, if the placement is not in compliance with that order, a statement as to whether there is good cause, as described in §. 48.028(7)(e), for departing from that order.

For additional WICWA information and requirements, refer to the Wisconsin Indian Child Welfare Act Desk Aid, Appendix I, page 241.

Timeframe

The caseworker must complete and document the Permanency Plan no later than 60 days from the day the child or youth was placed in out-of-home care.

After supervisory approval, a copy of the Permanency Plan must be filed with the court and provided to parents/caregivers, tribes and, as appropriate, children or youth.

All goals should be consistent with the dynamics of the case given each child or youth and family's specific needs. Objectives to meet the goals in the Permanency Plan should be measurable and consistent with any existing court orders.

Confirming a Safe Environment in When Children or Youth are Placed in Out-of-Home Care

A caseworker places a child or youth in out-of-home care when:

- Threats to child or youth community safety cannot be controlled in the home, or
- A child or youth requires either specific services or sanctions that cannot be met in the child or youth's home or community.

One responsibility prior to placing a child or youth is to assess and confirm the placement is safe for the child or youth. This obligation exists for all placement settings whether the care is provided by family members, friends, neighbors, or licensed providers (i.e. foster families).

Assessing for a safe environment is distinctly different from licensing the placement home. Licensing occurs at least bi-annually and focuses on specific requirements for the provider and environment rather than the safety of a specific child or youth in the placement. Therefore, assessing and confirming a safe environment in placement settings occurs every time a new placement is considered and throughout the placement.

Applicability

This procedure applies when a child or youth is placed in an unlicensed home, foster care home, group home, or residential care center.

This procedure does not apply when a child or youth is on a trial reunification, is missing from out-of-home care, or is placed in any of the following settings:

- Voluntary kinship care home
- Juvenile correctional institution
- Shelter care facility
- Adult correctional facility
- Secure detention facility
- Hospital
- Supervised Independent Living placement

Confirming Safe Environments at the Initiation of a Child's Placement in an Unlicensed Home

Prior to placement the caseworker or designee must:

- Conduct a home visit to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. This includes discussing expectations and clarifying the role of the out-of-home care provider, and providing information on issues related to the care of the child.
- Complete a check of law enforcement records or conduct a CCAP check on all individuals seventeen years of age and older residing in the identified placement home;
- Conduct a reverse address Sex Offender Registry check.
- Conduct a check of eWiSACWIS records on all individuals seventeen years of age and older residing in the identified placement home.

If a home visit cannot be made prior to placement (e.g., an emergency), the caseworker or designee must have verbal contact at the time the child or youth is placed to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. In this circumstance, an initial home visit must occur within 24 hours of the child's placement.

During the first encounter with an out-of-home care provider (considered for placement) the caseworker or designee gathers information to identify and understand placement danger threats (see Appendix V, page 257). During initial and subsequent home visits, the caseworker interviews and observes household members and collects data from other sources to make determinations about placement danger threats and the appropriateness of the placement.

Within five working days following the initial home visit, the caseworker or designee must:

- Conduct a subsequent home visit (a second weekend cannot pass prior to the subsequent home visit),
- Continue to assess and evaluate safety in the placement setting,
- Confirm with the out-of-home care provider expectations and his/her role in the protective plan, as applicable, and
- Discuss any issues related to the care of the child

Additionally, the caseworker or designee must:

- Consider placement danger threats at first encounter and on an ongoing basis with out-of-home care providers to determine the safety of the placement home (see Appendix V, page 257). If a placement danger threat(s) is confirmed, the caseworker must locate and transition the child to a new placement immediately.
- Assess the out-of-home care provider's motivation to provide care for the child, view of the child, and when a relationship currently exists between the out-of-home care provider and the child, an understanding of the need for the child to be placed in out-of-home care.
- Assess the child or youth's reaction to the placement home and the out-of-home care provider in cases where a relationship currently exists between the out-of-home care provider and the child or youth.

All potential out-of-home care providers or other household members must be included in the assessment.

In unlicensed placement settings, "household member" means all individuals living together in the same dwelling. This includes individuals who live in the home full-time or part-time. Any adult who lives in the home regularly (full-time or part-time) is considered a household member. For additional information, refer to the "Primary Assessment Standard" of the "Child Protective Services Access and Initial Assessment Standards."

Confirming Safe Environments in Placement Settings When Respite and Pre-Placement Visits Have Previously Been Approved in an Unlicensed Home

Wisconsin law requires that prior to making the decision to begin respite or pre-placement visits with an unlicensed provider, the caseworker or designee must:

- Conduct a CCAP check, reverse address Sex Offender Registry check and a CPS records check on all individuals seventeen years of age and older residing in the identified placement home.
- Conduct a home visit with the identified placement providers to assess and evaluate safety of the placement setting.
- Assist the caregiver in setting up whatever provisions are needed for the care of the child.

If the Agency then decides to use the home for an out-of-home placement for the child or youth, the caseworker or designee must:

- Conduct a home visit within 3 working days following the initiation of placement (a second weekend may not pass prior to the home visit).
- Continue to assess and evaluate safety in the placement environment.
- Confirm with the out-of-home care provider expectations and their role in the protective plan.
- Discuss any issues related to the care of the child.

Other records such as police reports may be useful in determining whether placement danger threats exist (see Appendix V, page 257). The caseworker should analyze information from all available sources to help evaluate the environment of the placement home, and subsequently decide if the child can be placed in the home safely. To assist with this decision, the caseworker may consider the criteria in Administrative Code DHS 12.06, in determining if a charge or conviction substantially relates to caring for children.

If a child is safe from immediate harm in an unlicensed placement home, the caseworker continues to collect information from the out-of-home care provider through additional contacts to confirm a safe placement. This assessment includes the out-of-home care provider's ability to care for the longer-term needs, emotional development, and well-being of the child.

Confirming Safe Environments at the Initiation of a Child's Placement in a Licensed Foster Home

Prior to placement the caseworker or designee must have verbal contact with the placement provider to assess and evaluate safety in the placement environment. The caseworker or designee must discuss expectations and clarify the role of the out-of-home care provider and provide information on any issues related to the care of the child

Within 24 hours of placement the caseworker or designee must:

- Conduct a CCAP check on all individuals seventeen years of age and older residing in the identified placement home
- Conduct a reverse address Sex Offender Registry check
- Conduct a check of eWiSACWIS records on all individuals seventeen years of age and older residing in the identified placement home; and
- Assist the caregiver in setting up whatever provisions are needed for the care of the child.

A home visit must be made within three business days, not to exceed five calendar days. The purpose of the home visit is to assess and evaluate the safety of the placement setting and assist the caregiver in obtaining provisions needed for the care of the child. A second weekend may not pass prior to the initial home visit with a licensed provider.

During the first encounter with an out-of-home care provider, the caseworker or designee gathers information to identify and understand placement danger threats. During the initial and subsequent home visits and face-to-face monthly contacts, the caseworker interviews and observes household members and collects data from other sources to make determination about placement danger threats and the appropriateness of the placement.

Within seven business days following the initial home visit the caseworker or designee must:

- Conduct a home visit to assess and evaluate for a safe environment in the placement setting.
- Confirm with the out-of-home care provider expectations and his or her role in the protective plan.
- Discuss any issues related to the care of the child as well as continue to assist the out-of-home care provider in setting up whatever provisions are needed for the care of the child.

Additionally, the caseworker or designee must:

- Consider placement danger threats at first encounter and on an ongoing basis with out-of-home care providers to determine the safety of the placement home (see Appendix V page 257). If a placement danger threat(s) is confirmed, the caseworker must locate and transition the child to a new placement home immediately.
- Assess the out-of-home care provider's
 1. Ability to provide care for the child;
 2. View of the child; and
 3. When a relationship currently exists between the out-of-home care provider and the child, an understanding of the need for the child to be placed in out-of-home care.
- Assess the child's reaction to the placement home and the out-of-home care provider in cases where a relationship currently exists between the out-of-home care provider and the child.

All potential out-of-home care providers and other household members who may be in a care giving role must be included in the assessment. "Household member" means any person living in a foster home, whether or not related to the licensee as defined in DCF 56 of the Administrative Code.

When initiating a placement of a child in foster care, the caseworker should make face-to-face contact with the foster care provider. This early face-to-face contact assists the child in transitioning to the foster home and also supports the provider with caring for the child. If a child is safe from immediate harm in the foster care placement, the caseworker continues to collect information from the out-of-home care provider through continued contact to confirm a safe placement. This assessment includes the out-of-home care provider's ability to care for the child's long-term needs, emotional development, and well-being.

Assessing for a safe environment in a foster home is a shared responsibility between the licensing caseworker and the agency caseworker. Both caseworkers should work together and share information accordingly to ensure the child is safe in the placement setting.

Placement Danger Threats and Placement Decisions

Placement danger threats (see Appendix V, page 257) are severe in nature and indicate the unlicensed or foster care placement is an unsafe environment for the child.

- When a placement danger threat(s) is confirmed at the first encounter with the out-of-home care provider, the caseworker must immediately pursue an alternative placement for the child.
- When a placement danger threat(s) is confirmed for a child currently in placement, the caseworker must immediately begin the process of transitioning the child to an alternative placement.
- When a placement danger threat is confirmed for a specific child, the caseworker must immediately assess the safety of all children in the home. To accomplish this, the caseworker collaborates with other caseworkers with children placed in the home, as well as the foster care coordinator. If a determination is made that the placement home is unsafe, the caseworker for each child must immediately transition the child to an alternative placement.

At times, the court may continue a placement despite a confirmed placement danger threat. In these situations, a plan should be made to ensure a safe environment for the child and should be recorded in the “Confirming Safe Environments” document in eWiSACWIS and the child’s Permanency Plan.

Use of the Child and Adolescent Needs and Strengths Assessment

The Child and Adolescent Needs and Strengths (CANS) assessment process and tool is used to:

- Identify the needs and strengths of the child.
- Determine the ability of the provider to meet the child’s needs.
- Evaluate the stability of the placement.

Current Caregiver CANS Rating of “3”

The caseworker uses the Child and Adolescent Needs and Strengths (CANS) assessment process and tool to assist in identifying a child’s needs and strengths to meet his/her needs and make the best possible match with a placement home. This assessment process also identifies the current caregiver’s needs to support him/her in providing care for the child placed in the home.

- When the caseworker rates any area a “3” on the CANS tool for the “Current Caregiver,” the caseworker must reassess placement danger threats for the child.
- If a placement danger threat(s) is confirmed, the caseworker must immediately transition the child to an alternative placement.
- When a placement danger threat is identified for a specific child, the caseworker must assess the safety of all children placed in the home. If an unsafe determination is made for other children in the home, the caseworker must immediately transition the child(ren) to an alternative placement.

Confirming Safe Environments in Group Homes or Residential Care Centers

One of the primary purposes of a group or residential care placement is to address the unique needs of children who require more intensive services than a family setting can provide. These placement settings offer specialized services in a structured environment for children and youth with special developmental, therapeutic, physical, or emotional needs. Services and supervision are provided by staff employed by the group or residential care setting. Therefore, evaluating safety of the environment in these settings is different than in placement homes where specific caregivers are licensed to provide care.

Confirming Safe Environments in Group Homes or Residential Care Centers

Prior to placement, the caseworker or designee must evaluate the safety of the group homes or residential care center by:

- Ensuring the facility has the capacity to meet the child’s needs based on their CANS score.
- Making a determination with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child’s safety.
- Addressing any additional needs to ensure the child is safe in the placement setting. Examples include additional or special training for agency staff, rearranging the living environment, etc.

At a minimum, the caseworker or designee must evaluate and confirm the safety of the environment in the group home or residential facility setting every six months while a child remains in this placement setting. The caseworker or designee must:

- Confirm the facility has the continued capacity to meet the child's needs based on the current CANS score.
- Evaluate changes in the child's CANS assessment to determine if this has any implications for the current facility to meet the child's needs or the stability of the placement.
- Confirm with the facility representative that the behaviors of other children, youth, or adults in the placement setting do not present a concern for the child's safety.
- Evaluate the child's adjustment to and views about the current placement.

When a safety concern is identified for the placed child that involves or may impact the safety of other children in the placement setting, the worker must address it by reporting the information to the appropriate authority (e.g., CPS, Child Welfare licensing, law enforcement, etc.).

Risk Management in All Placement Setting Types

At times, the behaviors of other minors in the placement setting (e.g. birth or adoptive children of the placement providers, other children in the placement, children receiving day care services, etc.) or conditions of the physical environment may present risk to the child.

The caseworker or designee should assess and evaluate the behaviors of other minors within the home to determine the needs of the child and to assist the placement provider in meeting identified needs.

Risk Management Planning

The caseworker or designee collaborates with other caseworkers or facility staff to understand the behaviors of other children in the placement setting. The following behaviors must be considered to determine if there is a risk to the child:

- Aggressive behaviors - especially children known to have a history of violence.
- Sexually abusive behaviors, including children within the placement setting who victimize other children physically or sexually.
- Other behavior issues, including mental health, AODA, or other concerning behaviors such as fire setting, etc.

When there is an identified risk, a risk management plan must be created to mitigate the risk and ensure the environment is safe for the child. Considerations for a risk management plan include, but are not limited to, the following:

- Additional or special training for placement providers.
- Additional contact by agency or other providers.
- Re-arranging the living environment (changing sleeping arrangements, moving children to other units in a RCC, etc.).

The “Confirming Safe Environments” template in eWiSACWIS must be used to guide and document risk management.

Documentation

The caseworker must use the “Confirming Safe Environments” template in eWiSACWIS to guide and document decision-making related to assessing, evaluating, and confirming safety in all unlicensed and foster care placements, and in all group home and residential placements. Information regarding a safe environment must be documented in the family eWiSACWIS case record and approved by a supervisor or his/her designee fourteen calendar days from the date the placement was made by the supervisor and caseworker.

Contacts During Out-of-Home Child Welfare Cases

Fundamental to engaging the family in a change process is establishing a relationship and developing a more thorough understanding of the dynamics that led to agency intervention. Accomplishing this necessitates a high level of contact by the caseworker to collaborate with the family in working toward reducing or eliminating safety threats and reaching permanence at the earliest point possible.

Frequency of Caseworker Contacts

Caseworker face-to-face contacts must be focused on the safety, permanence, and well-being needs of the child and must be sufficient to address the requirements of goals of the case plan. The agency must assure that child(ren) and individuals in a parenting role (excluding out-of-home care providers) have monthly face-to-face contact with an individual (ongoing services caseworker, contract agency or tribal social worker) unless the case plan requires more frequent contact.

Contact with Parents/Caregivers

When a child or juvenile is placed in out-of-home care, the caseworker or designee must have face-to-face contact monthly, at a minimum, with parents.

Documentation

The ongoing services worker or designee must document both completed and attempted face-to-face contacts with parents/caregivers, children, and the out-of-home care provider in eWiSACWIS as a case note.

The case note must include, at a minimum, the following information describing the face-to-face contact:

- Date, time, and duration of the visit.
- Participants involved.
- Location of the visit.
- Type of contact.
- Purpose and summary of the results of the contact that includes:
 - Progress towards meeting goals of the plan (i.e., Are parents engaged and involved in the change process) and
 - Family's understanding of the plan (i.e., Are parents clear as to what is expected of them in terms of meeting the case goals; what the behavioral change will look like compared to how it is now, what their responsibility is in relation to following through with their part of the case plan.).

Contact with the Child/Juvenile

Private, face-to-face contact with children and juveniles in out-of-home care is important because it provides opportunities for the child to openly discuss their adjustment to the placement setting and express their thoughts and feelings about their out-of-home care experience. It also provides the caseworker with opportunities to confirm the safety of the placement setting.

The ongoing services caseworker or designee must have monthly face-to-face contact with the child/juvenile, at a minimum.

The majority (greater than 50%) of the face-to-face contacts must be in the child's out-of-home placement.

When the child resides in a placement more than 60 miles from their residence, face-to face contact may be quarterly by the assigned agency caseworker if the placement facility or another agency or contract worker (licensing worker, residential staff, treatment foster care worker, etc.) maintains at least monthly face-to-face contact with the child.

When a child is assessed at a Level of three or higher on the CANS assessment and is placed with an out-of-home care provider with a certification of three or higher, the supervising agency (county or Child Placement Agency) must have bi-weekly, face-to-face contact with the child.

For additional information, refer to page 201, "Caseworker Contact Face-to-Face Requirements for Children and Juveniles in an Out-of-Home Placement."

Additional information regarding caseworker contact with children in Level 3, 4, and 5 foster homes is found in Administrative Rule DCF 56.19(1)(b).

Documentation

The ongoing services caseworker or designee must document both completed and attempted face-to-face contacts with the child in eWiSACWIS as a case note. The case note must include, at a minimum, the following information:

- Date, time, and duration of the visit.
- Participants involved.
- Location of the visit.
- Type of contact.
- Purpose and summary of the results of the contact.

In addition, at least one case note a month must include the following information:

Safety

This includes the ongoing assessment of safety of the child and, if applicable, community or a child or juvenile's behavioral risk(s), including risk to self and risk to others. Describe how the child is adjusting to the currently living arrangement (e.g., foster home, group home, residential care center, etc.), educational setting, or alternative setting (e.g., non-custodial parent, respite care). Include whether or not the child has had an opportunity to engage in private communications with the caseworker regarding the out-of-home placement and any other concerns.

Permanency

This includes a discussion of tracking progress on achieving outcomes; adjustment of strategies/intervention(s) when needed, transition planning, family interaction, life skills development and independent living transition planning for youth aged 14 or older.

Status of child's well-being

This includes a description of the child's physical health, learning and development (educational program attendance, progress, and Individualized Education Plan (IEP)), mental health needs (emotional development and behavioral functioning), and the child's ongoing opportunities to engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.

DCF or the county department must document the information listed above in eWiSACWIS within 20 working days after the face-to-face contact with the child regardless of whether the visits were conducted by the caseworker or his or her designee.

Contact with the Out-of-Home Care Provider

The caseworker or designee must have monthly face-to-face contact with the out-of-home care provider, at a minimum.

Contact with the out-of-home care provider focuses on the safety, permanence, and well-being of the child. This includes:

- Evaluating the compatibility of the child with the out-of-home care provider and other household members.
- Evaluating the ability of the out-of-home care provider to meet the needs of the child in a safe manner.
- Evaluating the experiences the child has had to regularly engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Discussing any additional support needed by the out-of-home care provider to safely maintain any child living with the out-of-home provider.

Documentation

The ongoing services caseworker or designee must document contacts with the out-of-home care provider in eWiSACWIS as a case note.

Locating & Involving Non-Custodial Parents

When a child is placed in out-of-home care and one or both of the child or youth's parent(s)/caregiver(s) whereabouts are unknown, the agency must make continuous efforts to locate and include them in the case planning process. Continued efforts to locate and engage non-custodial parents, caregivers, and relatives must occur throughout the case process.

Requirements

The agency must document all continued efforts to locate and engage non-custodial parents and relatives on a case note in the family's eWiSACWIS case record.

For additional information, refer to "Locating Non-Custodial Parent / Relatives," page 180.

Locating and involving non-custodial parents, alleged fathers, and relatives is also valuable when a child remains in the family home under a children in need of protective services (CHIPS) order or on a voluntary basis. Extended family and parents can be a positive support or resource for a family well beyond the agency's involvement with the family.

Children or Juveniles Missing from Out-of-Home Care

When the whereabouts of children or juveniles living in out-of-home care settings are unknown, the safety and well-being of those children or juveniles cannot be assured. When children or juveniles are missing from care, they are vulnerable to and at risk of additional emotional and physical trauma (e.g., sexual exploitation, drug abuse, or criminal activity). Thus, measures to locate the child or juvenile, communicate with critical individuals and agencies involved with the child or juvenile, and plan for the child's or juveniles safe return must be made.

Requirements

For additional information, refer to page 204, "Children or Juveniles Missing from Out-of-Home Care."

When a child or juvenile is considered missing from out-of-home care, the case shall not be closed just because the child or juvenile is missing from care. Any decision to close a case with an open court order for a child or juvenile who has not yet attained 18 years of age, or who has attained 18 years of age with an open court order, should be done in consultation with the agency's legal counsel.

Permanency Plan Evaluation

Evaluating progress is a continual process of tracking and adjusting by the caseworker along with the child, family, and team, if applicable. In order to understand changes and needs of the family, the caseworker uses information obtained from monthly contacts with children, parents/caregivers, out-of-home care providers, collateral contacts, and if applicable, the family team.

The Permanency Plan Evaluation uses the goals in the plan as the basis for measuring progress and change related to enhancing stability and achieving permanence. The caseworker gathers information from parents/caregivers, children, family team members, and providers to make decisions about:

- The family's progress toward achieving change and permanence.
- The effectiveness of service delivery related to achieving goals.

Permanency Plan Evaluation Content

The content of the Permanency Plan Evaluation must include:

- Updated general person management case information to assure the case record is up-to-date (family demographics, agency and legal).
- Current assessment of parent and family functioning.
- Current assessment of child functioning and well-being; (education, health, mental health, and, when applicable, independent living plan).
- A review of the child's participation in regular opportunities to engage in age and developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Updated information related to the parent/caregiver readiness for change and their participation in Permanency Plan services and activities (identifying and understanding where a parent is in terms of their acknowledgement/acceptance of problems and willingness to change).
- Review and confirmation of the effectiveness of providers, informal supports, services, or other plan strategies.
- Review of progress in locating and engaging non-custodial parents, alleged fathers, and other relatives.
- Additional needed changes to the plan.
- Evaluation and confirmation of the continued safety, stability, and appropriateness of the placement setting.

Caseworkers with the assistance of permanency consultants must rate the legal permanency status if a concurrent plan is required and the Permanency Plan is anything other than reunification or guardianship (See Appendix IV, Page 256, Legal Permanency Status Indicators).

When the Child is an Indian Child

The Permanency Plan must ensure the need for compliance with Active Efforts for eligible Indian children as defined by the Wisconsin Indian Child Welfare Act (WICWA). This includes documentation of the Agency's efforts in the following areas:

- Requesting the tribal agency to assist in evaluating the case.
- Inviting representatives of child's tribe to participate in custody proceedings at earliest point.
- Notifying and consulting extended family members to provide structure and support to the child and parents/caregivers.
- Providing family interaction.
- Offering and employing all available family preservation strategies.
- Offering and actively assisting families in accessing community resources.
- Monitoring progress and client participation in services provided.
- Seeking alternative ways of addressing identified needs when services do not exist or are not available to the family.

The Permanency Plan Evaluation must also ensure the Indian child's placement is in compliance with the order of placement preferences under §. 48.028(7)(b) or, if applicable, s. 48.028(7)(c). If the placement is not in compliance with that order, a statement as to whether there is good cause, as described in §. 48.028(7)(e), for departing from that order must be part of the evaluation process.

For additional WICWA information and requirements, refer to the Wisconsin Indian Child Welfare Act Desk Aid, Appendix I, page 241.

Evaluating progress of goals established in written agreements through a continual process of tracking and adjusting by the caseworker along with the child, family, and team, if applicable. In order to understand changes and needs of the family, the caseworker uses information obtained from monthly contacts with children, parents/caregivers, out-of-home care providers, collateral contacts, and if applicable, the family team.

Evaluating and Revising the Permanency Plan

The Permanency Plan must be revised and documented in eWiSACWIS when an evaluation indicates or reveals:

- More information is learned about child functioning, adult functioning, parenting practices or family functioning that necessitates a change to the case plan in order to assist the family to make the needed behavioral changes.
- A change on the CANS assessment identifies a change in service needs for the child, or another placement type is more appropriate to meet the needs of the child based on a change on the CANS assessment (e.g. from a residential care center to foster care).
- The court orders a disposition that is not consistent with the child's Permanency Plan.
- An administrative review panel makes a recommendation to change the existing Permanency Plan and court order.
- The permanence goal for the child is changed.

The agency must create or revise a Permanency Plan so that it is consistent with any of the above circumstances and file it with the court. A copy of each revised plan that is filed with the court must be provided to the child's parent or guardian, to the child or the child's counsel, (i.e. guardian ad litem or public defender), and to the district attorney or the corporation counsel.

The filed Permanency Plan is part of the dispositional order. For any of the court-ordered changes listed above, the caseworker does not have to go back to court at that time for an additional revision to the Permanency Plan. These court-ordered changes are considered a part of the dispositional order and thus included in the Permanency Plan.

An example of when the court orders a disposition that is not consistent with the Permanency Plan is that if the current Permanency Plan has been filed within 60 days of the child's entry into out-of-home care with a placement in foster care and the court subsequently orders a dispositional order placing the child into residential care. This means the child's Permanency Plan would need to be updated to reflect the dispositional order.

Currently the timeframe for filing a revised subsequent Permanency Plans is not stated in statute; however, best practice indicates that a request for a revision should be submitted to the district attorney or the corporation counsel that represents the agency within 30 days after the event that instigated the need for the revision.

Reconfirming Safe Environments of Unlicensed Homes and Foster Care

While the child resides in out-of-home care the caseworker must, at a minimum, evaluate and confirm the safety of a specific placement every six months or at the review of the case plan, whichever comes first.

The caseworker, designee, or other individual identified by agency policy (e.g. foster care coordinator, paraprofessional staff, etc.) must:

- Conduct a CCAP records check on all individuals seventeen years of age and older residing in the identified placement home.
- Conduct a reverse address Sex Offender Registry check and a CPS records check on any individual seventeen years of age and older that has moved into the identified placement home since the previous confirmation or reconfirmation of safety in the placement environment.

Additionally, the caseworker or designee must:

- Have face-to-face contact with out-of-home care provider(s) to judge the safety of the placement home by assessing placement danger threats (see Appendix V, page 257, “Placement Danger Threats”). If a placement danger threat(s) is confirmed, the caseworker must locate another placement home for the child.
- Assess the out-of-home care provider’s ability to meet the combined needs of all the children and any other individuals requiring care in the home.
- Evaluate changes in the child’s CANS assessment to determine if there are implications regarding the current out-of-home care provider’s ability to meet the child’s needs or the stability of the placement.
- Evaluate changes in the current out-of-home care provider’s CANS assessment to determine if there are implications regarding provider’s ability to meet the child’s needs or the stability of the placement.
- Evaluate the child’s adjustment to and attitude about the current placement as well as the child’s overall integration into the placement family.
- Evaluate the current out-of-home care provider regarding the provider’s ability to support the permanence goal for the child; relationship with the identified permanent placement for the child (unless the current out-of-home care provider is also the identified permanent placement) and relationship with the caseworker/agency.

Agencies may designate the background check function to other individuals based on their agency policy. It is the responsibility of the caseworker or designee to utilize the background information to confirm safety in the placement environment for the child(ren).

Additional Situations When Reconfirming a Safe Environment is Required

The caseworker or designee must review and, if necessary, document changes to the Confirming Safe Environments in an Unlicensed or Foster Care Placement at each of the following points in the case:

- When there are conditions in the placement home that might affect a child's safety change either positively or negatively (e.g., an adult moves in or out of the home);
- When the physical address of the placement changes (e.g., when a caregiver moves to a new home);
- When a report of alleged maltreatment is received; or
- When there is concern of a possible Placement Danger Threat (Appendix V, page 250).

Placement Danger Threats and Placement Decisions

Placement danger threats (see Appendix V, page 257, "Placement Danger Threats") are severe in nature and indicate that the unlicensed or foster care placement is an unsafe environment for the child.

When a placement danger threat is confirmed for a specific child, the caseworker must immediately assess the safety of all children placed in the home. In order to accomplish this, the caseworker collaborates with other caseworkers that have children placed in the home as well as the foster care coordinator. If a determination is made that the placement home is an unsafe environment for other children in the home, the case manager for each child must immediately begin the process of transitioning the child to an alternative placement.

At times the court may continue a placement despite a confirmed placement danger threat. In these situations a plan should be made to ensure a safe environment for the child and recorded in the Confirming Safe Environments document in eWiSACWIS and the child's Permanency Plan.

Current Caregiver CANS Rating of “3”

The caseworker uses the CANS tool to assist in identifying a child’s needs and strengths in order to meet his/her needs and make the best possible match with a placement home. This assessment process also identifies the current caregiver’s needs in order to support him/her in providing care for the child placed in the home.

- When the caseworker rates any area a “3” on the CANS tool for the “Current Caregiver”, the caseworker must reassess placement danger threats for the child.
- If a placement danger threat(s) is confirmed, the caseworker must immediately begin the process of transitioning the child to an alternative placement.
- When a placement danger threat is identified for a specific child, the caseworker must assess the safety of all children placed in the home. If a determination is made that this is an unsafe environment for other children in the home, the caseworker must immediately begin the process of transitioning the child(ren) to an alternative placement.

Documentation

The caseworker must use the “Reconfirming Safe Environments” template in eWiSACWIS to guide and document decision-making related to assessing, evaluating, and confirming safety in all unlicensed and foster care placements and in all group home and residential placements. Information regarding a safe environment must be documented in the family eWiSACWIS case record and approved by a supervisor or his/her designee.

Subsequent Permanency Plan

Subsequent Permanency Plans must be reviewed, updated, and provided to all parties in the case 10 days prior to the next permanency review or hearing.

The subsequent Permanency Plan must include information about the child and parents/caregivers progress from the previous six months and goals for the next six months.

Timeframe and Documentation

As part of evaluating the Permanency Plan, the caseworker must formally evaluate and document the Permanency Plan:

- No later than six months from the day of removal when the child is placed in out-of-home care and
- Subsequent reviews of the Permanency Plan must be completed within six months of the last permanency review or hearing.

Requirements must be documented on the Permanency Plan in the family eWiSACWIS case record and approved by a supervisor or her/his designee.

Achieving Safety, Stability, and Permanence

Safety, stability, and permanence are applicable for all children involved with the child protective service system no matter the circumstances or type of case. Every child is expected to have a safe, stable, and permanent home prior to case closure. When working with families the agency is responsible for permanence by ensuring a safe and stable home for children that remain with the parents/caregivers, are reunified with their parents/caregivers, or are placed in an alternative permanent living situation.

PERMANENCE DETERMINATION AND ACHIEVEMENT

Permanence

The prompt and decisive actions that are made to maintain a child safely in his/her own home or to permanently place him/her in a safe alternate family setting can have a lasting impact on the quality of a child's permanent relationships, cultural identity, and sense of self.

Effective practice requires that planning for a child's permanence begin with the end in mind. It is important to develop a partnership with the family in understanding the specific conditions required before child permanence can be achieved. These conditions should be related to the goals specified in the Permanency Plan or court order. It should be clear to the child and family when the Permanency Planning process is completed. Planning for permanence includes establishing lifelong connections for the child.

Permanency consultation is available to plan for a child's permanence in a timely manner. Permanency consultation can assist agency staff in evaluating whether a particular goal is appropriate and how to address barriers in achieving permanence.

The Department of Children and Families has permanency consultants who are resources for professional consultation regarding permanency for children in out-of-home care (see Appendix VI, "Permanency Consultation Roles and Responsibilities", page 265).

Professional Consultation may include:

- Case consultation
- Concurrent planning meetings
- Family meetings
- Legal consultation and planning
- Permanency Plan reviews
- Permanency roundtables
- Tribal review and consultation

Permanency Planning

Permanency Planning requirements continue until permanence is achieved for a child or the child reaches the age of majority and ages out of care. Permanence should bring physical, legal, and emotional safety and security within the context of a family relationship and allow lifelong relationships with a variety of caring adults.

Permanence can be achieved in a variety of ways. The Adoption and Safe Families Act (ASFA) recognizes the following permanence goals:

- Reunification
- Adoption
- Transfer of Guardianship
- Placement with a fit and willing relative
- Other Permanent Living Arrangements (i.e., Sustaining Care or Long-Term Foster Care)

Reunification is typically the desired permanence goal. However, there are times when reunification may not be appropriate or cannot occur. For these children, it is important to consider other permanence goals.

For children with a goal of “Other Planned Permanent Living Arrangement” (OPPLA), continued planning efforts to achieve the goals of adoption, transfer of guardianship, permanent placement with a fit and willing relative, or reunification are required. In each case one or more of these basic sets of circumstances apply:

- The child is 16 years of age or older
- The child cannot be safely reunited with his or her birth family.
- Recruitment of an adoptive or guardian family has not been successful.
- The agency has been unable to place the child with a fit and willing relative.
- There is an identified appropriate planned permanent living arrangement in which the child wishes to continue living.
- A decision is made that adoption or guardianship is incompatible with a youth’s age, special need or complex circumstances.
- The youth is being provided an opportunity to be a part of the decisions related to his or her permanency.

Children placed under a tribal court order (i.e. ICWA) who are under age 16, may continue with a permanency goal of OPPLA until September 29, 2017.

In all cases choosing the most appropriate goal(s) for a child involves considerations of the child, the family, the tribe, and the relationships of the child with others and the progress of the Permanency Plan (see Appendix VII, page 270, “Permanency Options,” which has been developed to assist caseworkers in considerations for each of the allowable permanency options).

Permanence has been reached once a judge states an identified goal has been achieved, however, the transition to permanence includes families living free of CPS agency intervention. Agencies

have the responsibility to ensure families are aware of resources and supports necessary to sustain the child on their own.

Under changes to WI Stats. Act 128, sustaining care contracts for children under the age of 16 are voided and no new sustaining care contracts may be entered into as of February 5, 2016.

Concurrent Planning

Concurrent planning is a process of working on one permanence goal while at the same time establishing and implementing an alternative permanence goal that involves simultaneous activities to move a child more quickly to permanence. It involves a mix of meaningful family engagement, targeted case practice, and legal strategies aimed at achieving timely permanence. Concurrent planning must include the following core components:

- Assessment/Determination
- Full Disclosure
- Family Search and Engagement
- Teaming
- Family Interaction
- Clear time lines
- Transparency
- Collaboration with stakeholders

Assessing the Need for Concurrent Planning

Assessing the need for concurrent planning involves early assessment of the conditions that led to the child's placement into out-of-home care, the strengths of the family, and the likelihood of reunification within 12 to 15 months that is culturally respectful and based on the family's history and current functioning. The assessment is based on a review of factors that make timely reunification more or less likely. This allows the caseworker and child's team to make determinations about the family's capacity to benefit from reunification services and the need for alternative planning. By no means should the presence of such conditions be construed to mean reasonable efforts to reunify the child are not required, unless they meet the statutory criteria for instances where reasonable efforts are not required as stated in Ch. 48.38(4m) and 938.38(4m).

Determination of Appropriateness for Concurrent Planning

Certain indications have been shown to be related to factors that can delay or decrease the likelihood of reunification. When one of the following circumstances exists, a concurrent permanence goal and plan must be established for a child:

- The child has been the victim of more than one form of abuse.
- There have been three or more CPS interventions for serious separate incidents, indicating a chronic pattern of abuse or severe neglect or there is a pattern of intergenerational abuse with a lack of historical change in family dynamics.
- A parent has a history of substance abuse or is chemically dependent and/or has a history of treatment failures or the child was drug-exposed at the time of birth.
- The child has been abandoned with friends, relatives, out-of-home care providers, hospital, or after being placed in care, parents do not visit on their own accord. Parents disappear or appear rarely.
- A parent is intellectually impaired, or has shown significant deficits in care for the child and has no support system of relatives able to share parenting.

- Parents or caretakers have a pattern of at least one year of documented history of domestic violence between caretakers and they refuse to separate.
- A parent's rights to another child have been involuntarily terminated or the parent has asked to relinquish the child on more than one occasion.
- A parent has significant, protracted, and untreated mental health issues.
- The child or siblings have been placed in out-of-home care or with relatives for periods of over six months duration or have had repeated placements with CPS intervention and previous attempts at reunification have failed.
- A parent's only visible support system is a drug culture, with no significant effort to change over time.
- A parent has repeatedly, and with premeditation, harmed a child or the child experienced extreme physical or sexual abuse by a parent or the parent has allowed someone else to abuse the child.
- A parent has previously killed or seriously harmed another child.

The above list shall not be considered the only instances when a concurrent plan is established. The establishment of a concurrent plan must be documented in the child's eWiSACWIS Permanency Plan.

Concurrent planning involves the practice of engaging parents in a discussion about all the permanence options, including the steps necessary for reunification, the possibility of a voluntary termination of parental rights (TPR), and the likelihood of an involuntary TPR if reunification goals are not accomplished within specified time limits. It is not a fast track to adoption, but to permanence. Effective concurrent planning assures that the parents recognize that they choose outcomes for their child through their actions.

Family teaming is a critical component of concurrent planning practice. Concurrent planning and family teaming are approaches that happen at the same time. Family teams support the concurrent planning process by providing a format to share knowledge, planning, and decision making with the family and providers regarding goals, timelines, and options for permanence.

Caseworkers with the assistance of permanency consultants must rate the legal permanency status within 60 days if: a concurrent plan is required and the Permanency Plan is anything other than reunification or guardianship (See Appendix IV, Page 256, "Legal Permanency Status Indicators").

Full Disclosure

Full disclosure involves the social worker providing information, both verbally and in writing to the parents/caregivers so that they fully understand the need for timely permanence for their child. Full disclosure includes the caseworker:

- Explaining that foster care is temporary and it is not good for children to grow up without permanent parent(s).
- Providing information about the parents' rights and responsibilities, including: the need to share information about the child's needs, a search for and consideration of relatives who may be able to care for the child, participation in the case planning process and the involvement of the court system.
- Discussing the support services available to help the child's parents.
- Providing information about the goals of concurrent planning, time frames, and permanency options. The social worker must explain to the parents that developmental and emotional harm can result from a child placed in foster care and the urgency to get the child out of foster care, either through reunification with the parent(s) or into a legally permanent home.
- Informing the parents about the consequences of not following through with the case plan.

Achieving Permanence

Reasonable and Active Efforts to Achieve Permanence

Child welfare agencies are required to provide reasonable or Active Efforts in the case of an Indian child, to achieve permanence for children in out-of-home care.

Considerations for Reasonable Efforts may include:

- Providing family interaction.
- Offering of services consistent with the Permanency Plan goals.
- Providing case management services through an assigned caseworker.

Active Efforts as defined by the Wisconsin Indian Child Welfare Act (WICWA) must include:

- Request tribal agency to assist in evaluating the case.
- Representatives of child's tribe were invited to participate in custody proceeding at earliest point.
- Extended family members notified and consulted to provide structure and support.
- Provide family interaction.
- All available family preservation strategies were offered or employed.
- Community resources were offered and actively assisted in accessing those resources.
- Monitoring progress and client participation in services was provided.
- Alternative ways of addressing the needs were provided if services did not exist or were not available to the family.

For each permanency option there are specific criteria that needs to be considered for appropriateness when choosing that goal and identifiable achievement in order to consider the child to have obtained permanence.

Permanency Goals

Reunification represents a specific event within ongoing case management. It is possible to reunify after parents/caregivers have made progress related to issues associated with safety threats and parent/caregiver protective capacities. The essential question is, "Can the child be kept safe within the home if he or she is returned home?" The answer to this question is based on the determination that there has been sufficient change related to parent/caregiver behavior or adjustment or change in circumstances associated with conditions for return which justify returning the child home. The safety assessment results will assist the caseworker in determining if reunification can occur with or without an in-home safety plan.

Trial Reunification

Caseworkers shall consider the use of trial reunification as a way to provide a structured way to work towards reunification with the child's parents or home of removal.

When sufficient progress has been made to ameliorate the reasons for removal and it is in the child/youth's or Indian child's best interests a trial reunification may be appropriate.

"Trial reunification" means a period of seven consecutive days or longer, but not exceeding 150 days, during which a child who is placed in an out-of-home placement under s. 48.355, 938.355, 48.357, or 938.357 Wis. Stats., resides in the home of a relative of the child from which the child was removed or in the home of either of the child's parents for the purpose of determining the appropriateness of changing the placement of the child to that home.

For additional information, refer to page 190 "Trial Reunification" and s. 48.358 or 938.358 Wis. Stats.

Reunification Criteria and Process

Reunification is defined as a child returning to the child's parents or the home from which he or she was removed.

For child welfare cases the decision to reunify shall be based on whether sufficient progress has been made on goals of the case plan and it is in the child or Indian child's best interests.

When reunification is with a non-custodial parent, the agency shall continue to work with the non-custodial parent to obtain a family court order that supports the current situation. Until the family court order is modified the agency shall not close its case.

Prior to reunification for all case types:

- The worker must consult with his/her supervisor, or designee,
- The agency must ensure court approval, and
- The worker must develop a plan that addresses how changes in family dynamics will be managed.

Documentation Requirement in the Permanency Plan for Choosing the Goal of Reunification

- The conditions, if any, upon which the child will be returned safely to his or her home, including any changes required to the parents' conduct, the child's conduct, or the nature of the home must be documented in the plan.
- Agency efforts to achieve this goal

Termination of Parental Rights (TPR)

The federal Adoption and Safe Families Act (ASFA) [42 USC 675 (5) (E) and 45 CFR 1356.21(i)] specifies that a TPR petition must be filed for a child who has been in out-of-home care for 15 of the last 22 months. The timeframes do not consider whether an adoptive resource has been located for the child or not.

Exception to Requirement

When an agency does not file a TPR petition within the ASFA timelines, one or more compelling reasons must be documented as an exception. For additional information, refer to DCF Memo Series 2007-18, "ASFA Exception to Filing a TPR Petition".

Adoption Criteria and Process

Adoption is intended to provide the legal guarantee of permanence for a child. Any decision to pursue an adoption should minimally include the following:

The proposed adoptive resource demonstrates protective capacities, stability, nurturing care, and the ability to provide a lifelong commitment and relationship with the child.

The caseworker has explained to the proposed adoptive resource the eligibility of continued financial assistance through Adoption Assistance and for continued Medical Assistance through Title XIX for the child.

When adoption is identified as the permanence goal for a child the following needs to be completed by the caseworker and submitted to the permanency consultant assigned to the county of jurisdiction the "Permanence Readiness" form (DCF-F-CFS2370) and a permanency status rating (see Appendix IV, page 256, "Legal Permanency Status Indicators").

If the child is assessed to be ready for adoption and the permanency status is "good" or better, then the caseworker shall make a Permanency Readiness referral (DCF-F-CFS2370-E) to the regional adoption contract supervisor.

Adoption may occur when:

- The child is legally free for adoption,
- There is an identified and approved adoptive resource, and
- The court finalizes the adoption in a court hearing.

Documentation Requirement in the Permanency Plan for Choosing the Goal of Adoption

- The rationale for choosing the goal of adoption.
- The efforts of the agency to achieve the goal of adoption.

Transfer of Guardianship Criteria and Process

When reunification is not possible and an individual will assume the legal and financial responsibilities associated with guardianship as specified in s. 48.977 Wis. Stats., or Ch. 54 Wis. Stats., a transfer of guardianship is appropriate. With a transfer of guardianship, the birth parent(s) retain their parental rights, but with limitations placed on them by the courts or guardians.

Transfer of Guardianship may occur when:

- The proposed guardian(s) demonstrates protective capacities, stability, nurturing care, and the ability to provide a lifelong commitment and relationship with the child.
- The proposed guardian(s) demonstrates the capacity to manage the relationship with the child's birth parents including any contact with the child after permanence has been achieved.

The agency caseworker has explained to the proposed guardian the supports and services available to them under adoption and the eligibility (see Permanency Options, Appendix VII) of continued financial assistance through:

Subsidized Guardianship

Applies to guardianships established under §. 48.977 Wis. Stats., or under a substantially similar tribal law in Wisconsin and to children and proposed guardians that meet the eligibility criteria established by this policy, regardless of whether the child is placed in Wisconsin or out-of-state.

If the child and caregiver are eligible for a subsidized guardianship an eligibility determination must be made.

Eligibility for Subsidized Guardianship

Child

A child as defined by §. 48.02 (2) Wis. Stats., is eligible to receive subsidized guardianship if the agency determines that all of the following apply:

The child has been removed from his or her home pursuant to a voluntary placement agreement under §. 48.63 Wis. Stats., or under a substantially similar tribal law or under a court order containing a finding that continued placement of the child in his or her home would be contrary to the welfare of the child.

- The child is placed with the prospective relative or “like kin” guardian for at least six consecutive months immediately proceeding the establishment of the guardianship.
- It has been determined that reunification and adoption are not appropriate permanency options for the child.
- Placement preferences as required under WICWA shall be followed with any proposed permanent option for an Indian child and notice shall be sent to the tribe as required. (§. 48.977(4)(g)4. Wis. Stats.)
- Tribal traditions shall be considered when choosing permanency options in the best interests of an Indian child.
- The child demonstrates a strong attachment to the prospective guardian; and if the child is age 14 or older, he or she has been consulted regarding the guardianship agreement.
- The guardianship is pursuant to §. 48.977 Wis. Stats., or a substantially similar tribal law in Wisconsin.

Prospective Guardian

A prospective guardian who meets all of the following criteria may receive subsidized guardianship payments on behalf of an eligible child.

- The individual is a prospective guardian as defined by §. 48.977
- The prospective guardian is the eligible child’s relative as defined by §. 48.02 (15), or has a “like-kin” relationship with the child. A “like-kin” relationship is an individual who has an existing family-like relationship with the child or child’s family prior to the child’s entry into out-of-home care placement, who has a significant emotional connection to the child and the individual does not meet the relative definition under §. 48.02 (15).
- The prospective guardian is a licensed foster parent and approved for subsidized guardianship by the department or county agency and all adults residing in the guardian’s home meet the requirements specified in §§. 48.685.

- The eligible child has resided with the prospective guardian in the prospective guardian's residence for at least six consecutive months immediately preceding the establishment of the guardianship.
- The guardian has a strong commitment to permanently caring for the child.
- Prior to being named guardian of the child, the guardian entered into a subsidized guardianship agreement with the agency.
- The guardian has obtained legal guardianship under §. 48.977 or a similar tribal law after entering into a subsidized guardianship agreement or a substantially similar tribal law in Wisconsin and the underlying CHIPS, JIPS, or tribal order has been vacated after the subsidized guardianship agreement has been negotiated and finalized with the department or county agency.

Documentation Requirement in the Permanency Plan for Choosing the Goal of Guardianship

- The rationale for choosing the goal of guardianship.
- The efforts of the agency to achieve the goal of transfer of guardianship.

Guardianships can be vacated if a parent or guardian petitions the court to have the guardianship vacated. Prior to vacating a Chapter 48 guardianship, the court will notify the child welfare agency of any petition to vacate the guardianship. If a guardianship is vacated another person may be named as an interim caretaker, or in the event of the guardian's death or incapacitation another person may be named as a successor guardian in accordance with Chapter DCF 55 and s. 48.623 and 48.977 Wis. Stats.

Permanence has not been achieved if the agency is unable to achieve safe case closure, keeps the out-of-home care placement open for reimbursement purposes to continue to make foster care payments, or the court continues the out-of-home care placement. In this case all permanency-planning requirements are still in effect, including family interaction planning.

Permanent Placement with a Fit and Willing Relative

Permanent placement with a fit and willing relative may occur when:

- The relative demonstrates to the agency the capacity and ability to cooperate with the birth parent(s) to manage conflict and obtain the necessary signatures from the birth parent to maintain the child's health and well-being needs.
- The relative must also demonstrate the ability, capacity, and commitment to provide long-term for the child's safety, permanence, and well-being needs.
- The relative must meet placement criteria for a relative as defined by §. 48.02 (15).
- The agency caseworker has explained to the relative the supports and services available to them under other more permanent options such as adoption guardianship with either Subsidized Guardianship payments or Kinship Care payments for the child and the eligibility requirements for voluntary Kinship Care under Ch. DCF 58 Administrative Rule for continued financial assistance.

Documentation Requirements in the child's Permanency Plan

- The rationale for choosing the goal of permanent placement with a Fit and Willing Relative.
- The efforts of the agency to achieve permanent placement with a fit and willing relative.

Other Planned Permanent Living Arrangements

Other Planned Permanent Living Arrangement (OPPLA) is the least preferred option for a child and lacks legal permanence for the child. OPPLA, which includes long-term foster care and sustaining care, is an arrangement that is planned and intended to establish permanency for a child through a supportive relationship with a significant adult(s) that will endure over time, minimally until the child reaches the age of 18 years old. Caution should be used when choosing OPPLA for any child, especially those who are young. OPPLA is not intended for a temporary placement plan and should not be confused with Independent Living services.

This shall be the goal of choice only when there is a finding by the court that the other four goals are not in the child or Indian child's best interests.

The caseworker must continue the following efforts:

- Continue diligent efforts to locate and engage non-custodial parents, fathers, and other relatives as resources for the child.

- Review the case file in detail and talk with those familiar with the child to locate and identify relationships or significant connections that may have been missed or that may be developing, i.e., teachers, medical caregivers, volunteers, etc. to see if a permanent resource can be made.
- Talk to the child about the important people in their lives, who they look up to and who they feel they can count on to “be there” for them.
- Exploration of the child’s relationships as they develop and change over time.
- For relationships that have been identified, evaluate and screen, support and nurture such relationships through interaction, information sharing, and activities that build on the foundation that has been established.

Documentation Requirements

The following must be documented in the child’s Permanency Plan in eWiSACWIS:

- The rationale for choosing the goal of OPPLA.
- The continued efforts of the agency to achieve the other permanence options for the child, unless there is a Sustaining Care Contract (s. 48.428) with the caregiver.
- The intensive, ongoing, and unsuccessful efforts made by the agency to return the child home or place the child for adoption, with a guardian, or with a fit and willing relative, including through efforts that utilize technology, such as social media, to find the child’s biological family members.

The following must be documented on the permanency review or hearing results template in eWiSACWIS:

- Confirmation that the court or administrative body discussed with the child his / her desired permanency outcome.
- A finding by the court or administrative body that OPPLA is the best permanency plan for the child.

Under changes to WI Stats. Act 128, sustaining care contracts for children under the age of 16 are voided and no new sustaining care contracts may be entered into as of February 5, 2016.

If resources are established for the child, but there are barriers to legal permanence for the child through adoption or guardianship, agencies may want to consider using a permanency pact with the child and committed adult(s) to establish a more formal commitment to an enduring relationship with the child. A permanency pact that has been developed by FosterClub, a national organization, can be found at:

<http://www.nrcyd.ou.edu/publication-db/documents/permanency-pact.pdf>

Transitioning a Child to Permanence

The agency must assist and prepare the child for the transition to permanence. Transition preparation must identify and address long-term needs consistent with the child's age and development. The agency caseworker shall ensure that the transition is known and agreed to with others involved in implementing the transition to permanence.

A child's readiness to proceed with permanence is aided by conscientious preparation by caseworkers before, during, and after transitions to:

- Prepare the child and family.
- Assess any current or ongoing needs.
- Develop a process for the transition that is in the best interests of the child considering his/her emotional, behavioral, and psychological needs.

Caseworkers and permanency consultants, when involved, must assess the steps taken earlier to prepare the child and permanent caregiver(s) to determine any additional and on-going services needed to plan for the child's safety, emotional readiness, overall functioning, and the family's readiness for permanent placement.

When multiple children of the same family are involved in achieving permanence from their out-of-home care settings, the plans to transition to permanence should be child-specific with efforts made to prevent re-entry. For reunification, consideration should be given to the timing of each child's reunification and the parents' capacity to manage the reintegration of each family member into the family unit and each child's specific needs for transitioning. The use of a trial reunification may also be warranted.

Safety, permanence, and stability are achieved within a family relationship that offers safe, stable, and committed parenting, unconditional love and lifelong support, and legal family membership status.

Reunification does not equal case closure. Once the child is reunified, the caseworker will continue to work with the parents/caregivers on behavioral changes to improve family functioning ensure safety, permanence, and stability for their children. When a child cannot return home and another permanent living arrangement is identified for the child, the agency should ensure safety, permanence and stability is achieved for the child prior to closing the case.

Safety, permanence, and stability are achieved within a family relationship that offers safe, stable, and committed parenting, unconditional love and lifelong support, and legal family membership status.

Caseworkers need to recognize that older adolescents are in a crucial transition phase toward self-sufficiency. Therefore, healthy relationships and supportive individuals, including foster parents, friends, and other adults in the community are extremely important to youth exiting out-of-home care, as well as opportunities to practice life-skills; mechanisms for assuring the involvement in decisions affecting their lives; assuring youth's familiarity with community resources and the establishment of transitional living resources. Lifelong connections to caring adults is paramount to the success of older youth exiting out-of-home care.

Independent Living Planning

If the child is 14 years of age or over and has been in Out-of-Home Care for 6 Months, an independent living plan is required to specify the programs and services that will be or are being provided to assist the child in developing life-skills while in care and preparing for the transition from out-of-home care to independent living.

The Permanency Plan must be developed in consultation with the youth and two other individuals selected by the youth who are not the youth's caseworker or foster parent. The agency may reject a person selected by the youth if the agency has good cause to believe that the person would not act in the best interests of the youth. The Permanency Plan must include all of the following:

- The anticipated age at which the child will be discharged from out-of-home care,
- The anticipated amount of time available in which to prepare the child for the transition from out-of-home care to independent living,
- The anticipated location and living situation of the child on discharge from out-of-home care,
- A description of the assessment process, tools, and methods that have been or will be used to determine the services that are or will be provided to assist the child in preparing for the transition from out-of-home care to independent living
- The date the child received the Handbook for Youth in Foster Care, which describes the rights of the child with respect to education, health, visitation, and participation in court proceedings, and
- The rationale for each program or service that is or will be provided to assist the child in preparing for the transition from out-of-home care to independent living, the time frames for delivering those programs or services, and the intended outcome of those programs or services. Programs and services include but are not limited to:
 - Successful high school education, postsecondary education, or training
 - Career planning
 - Employment
 - Safe and stable housing
 - Home maintenance

- Transportation
- Health and medical
- Cultural competency
- Knowledge and use of community resources and support systems
- Financial self-sufficiency
- Other life skills development goals as identified by the youth.
- If the youth is age 16 or older, the agency must provide the youth with a copy of his or her credit report annually, as well as the completed Chart Your Course of Action, if applicable. If there are any inaccuracies in the credit report, the agency shall make efforts to amend these errors.

If a youth has been in care for six months or longer and reaches the age of majority, the agency responsible for providing services to the youth must ensure the child is in possession of the following:

- Certified copy of their birth certificate,
- social security card,
- information on maintaining health care coverage, and
- either a driver's license or a state-issued identification card

The agency must update and provide the following to the youth 90 days prior to the youth's 18th birthday:

- Copy of the youth's health care records.

These documents must be provided to the youth 90 days prior to when the youth reaches age 18. If the youth remains in care after age 18, the agency must continue to update these documents and provide them to the youth 90 days prior to the termination of the court order or Voluntary Transition to Independent Living Agreement. This must be documented on the child's Permanency Plan.

National Youth in Transition Database (NYTD)

Youth at age 17

Any youth in out-of-home care who reaches his or her 17th birthday is a part of the baseline population for the NYTD outcomes survey process.

The survey asks youth questions about their financial self-sufficiency, any experience with homelessness, educational attainment, positive adult connections, high-risk behavior, and access to health care and insurance.

Outcomes survey for 17-year-olds must be completed within 45 days after the youth's 17th birthday.

County agencies have a role in the successful survey gathering, as outlined below. However, in the NYTD survey process, UW Survey Center (UWSC) will play a more prominent role in the management, outreach and survey completion functions.

The process is as follows:

- On or near the youth's 17th birthday, the UWSC will mail an initial letter to the youth containing a customized web link and passcode to access the web-based survey. A \$5 bill will be included in the initial letter as a token of appreciation for the youth's time.
- At the same time, the youth's caseworker will be sent an e-mail from the UWSC with the same web link. An eWiSACWIS tickler will continue to be activated to notify caseworkers that the NYTD Outcomes Survey for the 17-year-old must be completed within 45 days after the 17th birthday. Upon receiving the e-mail, caseworkers should contact the youth to make sure the youth received the letter and the \$5 bill. If the youth did not receive the letter, caseworkers can use the link in their e-mail, which provide access to the survey.

NOTE: If the youth has internet access, the youth is encouraged to take the survey right away. If the youth does not have internet access and/or needs assistance, the caseworker should arrange a time with the youth to take the survey.

- Frequent reminder letters will be sent from the UWSC to the youth until the survey is completed.
- If a youth has not completed the survey after repeated letters, the UWSC telephone-interviewing staff will begin calling the youth.
- Once the survey is complete and taken within the 45 days, the UWSC will send the youth a \$20 bill. Late responders (after 45 days) will not receive \$20.

To improve the likelihood of completion of the surveys for youth at ages 19 and 21, workers must obtain information from the youth about how to contact them after they leave out-of-home care in order to follow-up with them at age 19 and 21. This information must be entered on the Contacts Tab on the IL page in eWiSACWIS.

In order to ensure information is collected timely, it is recommended that workers arrange their

monthly visit to take place immediately following the youth's 17th birthday in order to complete and submit the survey within the required 45 days.

Youth at Ages 19 and 21

Each youth who participated in the NYTD Outcomes survey as part of the baseline population at age 17, becomes the follow-up population at ages 19 and 21. Those who participated in the data collection at age 17, but not 19 for a reason other than being deceased, remain a part of the follow-up population at age 21. These youth must complete the survey within the federal reporting period in which a youth's 19th and 21st birthdate falls. For example, a youth who participated at age 17, whose 19th or 21st birthday falls between the reporting period of October 1st through March 31st, must complete the survey anytime between October and March. Likewise, a youth whose 19th or 21st birthday falls between April 1st through September 31st must complete the survey between April and September.

The process is as follows:

- Initial letters for 19-year-olds and 21-year-olds will be sent out by the UWSC at the beginning of the federal reporting period. For example, if a youth's birthday falls between October 1st and March 31st, the youth will be sent a letter on or near October 1st. The initial letter will contain a customized web link and passcode to access the web-based survey. A \$5 bill will be included in the initial letter as a token of appreciation for the youth's time.

NOTE: In order to assist the UWSC with its outreach efforts, contact information in eWiSACWIS for youth who have aged out of care on a semi-annual basis.

- Frequent reminder letters will be sent from the UWSC to the youth until the survey is completed.
- If a youth has not completed the survey after repeated letters, the UWSC telephone-interviewing staff will begin calling the youth.
- Once the survey is complete and taken within the federal reporting period, the UWSC will send the youth a \$20 bill. All compliant youth receive a total of \$25.

As with the NYTD survey at age 17, survey results, when authorized by the youth, will be downloaded onto the youth's IL page in eWiSACWIS.

The Wisconsin NYTD Tip sheet provides ideas on preparing for, administering, and maximizing response rates to the NYTD survey.

The caseworker or designee is required to ensure this requirement is met for youth in an out-of-home placement.

Independent Living Transition to Discharge Plan

If the child is 17 ½ or over, the focus of the plan changes from one of life-skills development to transitioning to independence. The caseworker must create an Independent Living Transition to Discharge (ILTD) plan for each youth exiting care after the age of 18, which must contain provisions to ensure that basic resources are in place for a youth who is transitioning to adulthood including, but not limited to:

- The youth's anticipated date of and age at discharge from out-of-home care
- Obtaining and securing housing
- Managing health care needs, continuing education
- Building a relationship or attachment to a supportive adult(s)/mentor(s)
- Employment services
- Workforce support
- Continuing necessary supportive IL services after leaving out-of-home care
- Obtaining required essential documents

Ninety days prior to the youth turning 18, the 90-Day ILTD plan must be finalized with the youth and entered into eWiSACWIS.

For more information see "Independent Living Transition to Discharge Plan" on page 211.

Division of Milwaukee Child Protective Services Permanency Support

The ongoing case management agency provides a customized set of supports and services for children and families. These supports and services help resolve problems before they escalate and decrease the need for prolonged involvement in the CPS system. They also help ensure that newly reunified families receive the assistance they need to continue providing a safe home for their children after CPS exits their lives.

Permanency Support Requirements

The ongoing case management agency continues to work with families after reunification has been achieved for a twelve-month period. During this time the family legal status will fall into one of two categories:

1. Court order remains in effect. This means the child remains in the legal custody of the Division of Milwaukee Child Protective Services (DMCPS) during the permanency support period and the remains responsible for case plan completion.
2. Court order is dismissed or has been allowed to expire. This means family participation is voluntary and ongoing case management remains available until the Permanency Support period has ended.

Based on family need, the ongoing case management agency must provide:

- Services and supports for 12 months following the achievement of reunification, or
- Periodic contact with family based on court requirements and family need, and
- Services that are developed and mutually agreed upon with the family. The plan must flexible and meet the family's needs and strengths and include detailed information about roles and expectations as well as frequency and duration of services.

Case Closure for Out-of-Home Child Welfare Cases

Prior to case closure, the agency should arrange and facilitate a process to engage family members, service providers, and informal supports in developing a plan for identifying and meeting child or youth and family needs after agency involvement has ended.

Case Closure

Child Welfare Cases (Child in Need of Protection and Services (CHIPS), Juvenile in Need of Protection and Services (JIPS), and Juvenile Justice)

Case closure is appropriate when permanency and goals for the child and family have been achieved and child welfare services are no longer needed.

This determination is based on the following:

- Family, child or juvenile has made sufficient progress in addressing permanency and case goals or conditions.
- Formal or informal supports are available and accessible to the family, as needed, after the case is closed with the Agency.

In all cases, prior to case closure, the caseworker must have face-to-face contact with family members and family team, if involved, to:

- Support the family in determining how their needs will be met after agency involvement ends.
- Identify the date that services will end.

Permanency has not been achieved if the agency keeps the out-of-home care placement open for reimbursement purposes through a foster care rate. In this case all planning requirements are still in effect, including family interaction planning.

The ongoing services worker should work with the family to assure informal or formal supports are in place prior to case closure. These supports include arrangements and connections within the family network or community that can be created, facilitated, or reinforced to provide the parent/caregiver resources and assistance once agency involvement ends.

Documentation

Case closure information must be documented in the Permanency Plan and the family eWiSACWIS case record and approved by a supervisor or his/her designee within 30 days from the date the case closure decision was made by the supervisor and caseworker. Documentation at case closure must include:

- The rationale for the decision to close the case.
- A description of the closure process with the family and service providers, including the family's plan for meeting future service needs.

A case may not be closed if there is an active CHIPS, JIPS, or Delinquency order. In all cases when a child is an Indian child, a letter must be sent to the tribe indicating that the case has been closed and a copy of the letter must be maintained in the family's case record.

Early Dismissal of Dispositional Order

One responsibility of the caseworker is to initiate additional court actions throughout the case process. When a determination is made a family is no longer in need of court ordered services, a request must be submitted to the court for early dismissal of dispositional order and signed by the judge before a case with court jurisdiction can be closed by the agency.

Any decision that is made shall be done in consultation with the agency's district attorney or corporate counsel.

REQUIREMENTS FOR PLACEMENTS IN OUT-OF-HOME CARE

This section applies to all children placed into out-of-home care under ch. 48 or 938 Wis. Stats.

Choosing a Placement for a Child

There are many considerations when determining an appropriate placement for a child. At a minimum, the agency must consider placements that are in the child's best interests and document in the case record that a placement is either unavailable or inappropriate if the following are not met with the child's placement. These considerations must be made at initial placement and any time there is a change of placement for the child:

- Placement proximity to the child's parents within 60 miles.
- Placement with siblings.
- Placement with a fit and willing relative.
- Placement that allows the child to remain in the school the child currently attends.
- Placement with a provider that meets or exceeds the child's assessed Level of Need, unless the agency documents an exception that includes supports and services to the out-of-home care provider to meet the child's identified needs and to promote the stability of the child's placement.
- Placement with a provider that follows the Reasonable and Prudent Parent Standard as it applies to the child to ensure the child has regular opportunities to engage in age and developmentally appropriate activities.

Of the above-mentioned considerations there is no one consideration that is more important than another when making decisions. All placements shall be made on a case-by-case basis in the child's best interests.

In order to ensure a placement is in the child's or Indian child's best interests the out-of-home caregiver must be able to meet the specific needs of the child that have been identified.

Educational Considerations at Placement School of Origin

- Consideration of a placement that does not require the child's school to change, if it is safe and appropriate to do so.
- If the new placement of the child would require the child to attend a different school, efforts should be made, when reasonable and appropriate, for the child to attend the school of origin or to promptly enroll in the new school district.
- Agencies should also consider early educational settings and preschools when trying to create educational stability.

For foster care placements, exceptional payments may be made to support transporting the child back to the school of origin (see Ch. DCF 56.23 Admin. Rule).

Under §121.84(1) (a), there are provisions to allow a child to continue to attend a school when they are no longer a resident of the district.

A child's right to education is established under Article X, Section 3, of the Wisconsin Constitution. A child may not be denied enrollment in school, no matter the length of their placement.

- When a student must transfer schools, the agency worker shall assist the school with the following information to ensure the child is promptly enrolled in an educational setting as required by law:
 - The child's new address and the responsible party for educational matters.
 - Educational information documenting what school services the child needs. This is typically provided by the previous school district, however if the agency has information at the time of enrollment that shall be shared with the school.
 - Information pertaining to that child's safety and the safety of others, including if there are any no contact orders or restrictions on family interaction.

Additional information related to education for children in out-of-home care can be found in the joint Department of Children and Families and Department of Public Instruction publication "Educational Services for Children Placed in Foster Care"

<http://ssp.wi.gov/files/ssp/pdf/sswedfostercare.pdf>

Documentation

Agencies must document this consideration in the Permanency Plan for the child for each placement that occurred after October, 2008, in the following manner:

- Current worker did not place the child and the record does not document the information.
- Placement that would maintain the child in the same school was unavailable or inappropriate.
- The original placement resource was considered to be in the child's best interest even though it required a change in the child's school placement.
- Child continued to attend the same school.
- Child is not of school age.

To aid caseworkers in making a placement for a child, the Geographic Placement Resource System is available for agency staff with current eWiSACWIS access to improve placement matching, disaster preparedness, and targeted recruitment for out-of-home care placement resources.

The Geographic Placement Resource System uses child-specific information already entered into eWiSACWIS to generate visual displays of placement related information using mapping software. Data from eWiSACWIS is loaded nightly into the system to provide an updated

resource for agency staff seeking to find appropriate placements for children, respond to disasters, and to target foster care recruitment efforts.

When it is determined that an Indian child will remain in custody, the agency must follow placement preferences of WICWA.

- Home of an extended family member.
- A foster home licensed, approved, or specified by the Indian child's tribe.
- Indian foster home licensed or approved by the department, a county department, or child welfare agency.
- A group home or residential care center for children and youth approved by an Indian tribe or operated by an Indian organization.

If the Indian child's tribe has established an order of preference, the order of preference established by that tribe shall be followed.

For additional WICWA information and requirements, refer to the DCF Wisconsin Indian Child Welfare Act Desk Aid in Appendix 1, page 241.

As part of providing Active Efforts, caseworkers should collaborate with the child's Indian tribe regarding placement preferences and the appropriateness of placement resources.

Minor Parent with Child in OHC Placement

A child placed in out-of-home care (OHC) is required to receive services, including Permanency Planning, under Federal and state law. Safety of the placement for the child is continually assessed. In cases where the placed child is a minor parent and the young parent's child also resides in the OHC placement, Federal and state law does not clearly specify court involvement. However, existing state law requires Permanency Planning for this type of case. The planning may be an individual plan for the child or addressed in the minor parent's Permanency Plan.

Regardless of an agency's practice to actively pursue placement for or jurisdiction of the minor parent's child or not, there are minimal practice expectations that must be met in all cases where a minor parent placed in OHC is living with and responsible for his or her child in a foster or treatment foster home. Without clear practice expectations, case management staff and CPS agencies may not recognize the need for safety intervention, continuing to rely on the watchful eyes of foster parents or service providers such as in-home parent aides who have not received formal safety training. In fact, there may be presenting issues that must be addressed with CPS intervention and support.

Placements of Minor Children with Minor Parents in Out-of-Home Care

In cases where an agency has placed a minor parent into out-of-home care (OHC) placement or where a child in OHC becomes a parent during the placement and the minor parent's child is living with him or her, the agency is responsible for services and Permanency Planning for the child of the minor parent. Prior to the child residing in OHC with the minor parent, the agency must determine appropriateness of the living arrangement for the child.

The agency must assess the feasibility of maintaining the minor parent and child together in the OHC residence. If it is not feasible, the agency must consider what, if any, grounds exist to separate the parent and child. The role of the other biological parent in the child's life must be identified.

The agency must:

- Assess the minor parent's family and personal history preceding placement into OHC, including:
 - Circumstances that brought the child into the child welfare system
 - History of violence, alcohol or drug abuse
 - Depression, post-partum depression, or other mental health issues.
 - Input from other services providers for the minor parent and his/her family
 - The relationship or role of the other biological parent of the child
- Continually assess the parent's ability to safely parent, including
 - Prenatal care, feelings about pregnancy
 - Interaction with siblings or other children
 - Observation of the minor parent caring for and interacting with the child
- Develop a plan of care for the child that identifies:
 - The caregiver primarily providing basic care for the child,
 - Any additional needs of the child and the assigned caregiver for each need,
 - Sleeping arrangement for the child,
 - Medical, dental, mental health needs,
 - Person(s) responsible for supervision of the parent and child,
 - Person(s) to assist the parent with the child,
 - Who will monitor the parent's progress in attaching to and parenting the child, and
 - Family interaction plan, including noncustodial parent and child's siblings, where applicable.
- Develop a plan for the child at case closure; i.e., transitioning the parent from OHC. At this point in the case, it is possible that the minor parent has never independently cared for his or her child. The following areas must be assessed in regards to the child's safety with the young parent.
 - Parent's plan and demonstrated ability to provide care for the child
 - Did the parent meet his or her own plan goals and requirements prior to leaving OHC?

- Under what conditions (e.g., aging out, court order expired, reunification, etc.) is the parent exiting care?
- Where is the parent going upon exiting care?
- If the parent exits placement with the child, are there any concerns for the safety of the child?
- Should the agency maintain jurisdiction of the child? If yes, what will the plan be to return the child to his/her parent?
- Conditions of supervision – what, if any, supervision does the parent need when with the child?

All of the above information and planning on behalf of the child must be documented and maintained in a case record for the child that is linked to the minor parent's case record.

Placing a Child in Out-of-Home Care

When a child is placed in out-of-home care under chs. 48 or § 938, the agency having “placement and care responsibility” must ensure that all laws and policies related to children in out-of-home care are adhered to.

At the time of placement the caseworker is responsible to ensure that all necessary legal documents and notifications are made to the child, their parents, the out-of-home provider, relatives, and the legal community. This includes:

- A Temporary Physical Custody Request, Voluntary Placement Agreement or a court order placing the child in out-of-home care, including the date and time of any subsequent court hearings. Prior to the first hearing in a child custody proceeding involving an Indian child, the agency shall notify the tribe through: Notice of Involuntary Child Custody Proceeding of an Indian Child.
 - Voluntary Placement Agreement:
http://dcf.wisconsin.gov/forms/pdf/DCF_F_CFS1590.pdf
 - Voluntary Placement Agreement for an Indian Child:
http://dcf.wisconsin.gov/forms/pdf/DCF_F_CFS2425.pdf
- Enter into Placement Agreement with the out-of-home caregiver:
 - Foster or Group Home Agreement:
http://dcf.wisconsin.gov/forms/pdf/DCF_F_CFS0107_e.pdf
 - Relative Placement Agreement:
- Provide information to the child’s out-of-home care provider as required under §. 48.371, Stats. upon placement, but no later than 48 hours if unknown to the agency at the time of placement:
 - Information for Out-of-Home Care Providers Part A:
<http://dcf.wisconsin.gov/forms/pdf/CFS0872A.pdf>
 - Information for Out-of-Home Care Providers Part B:
<http://dcf.wisconsin.gov/forms/pdf/CFS0872b.pdf>
- Provide information to the child’s out-of-home care provider regarding specific reasonable and prudent parenting considerations to ensure the child has regular opportunities to engage in age and developmentally appropriate activities.
 - This information is included in Information for Out-of-Home Care Providers Part A.
 - Child specific considerations should also be discussed when providing the Reasonable and Prudent Parenting Standards brochure.
- Obtain signed consents for:
 - Medical Services Consent
(http://dcf.wisconsin.gov/forms/pdf/DCF_F_CFS0997.pdf)
 - Relatives and other informal supports
 - Other service providers the child may be utilizing including, but not limited to school, child care facility, therapists, physicians, private agencies involved, etc.
- Obtain medical services coverage either through the health insurance of the

child's parent or Medicaid.

- Ensure that parents and relative caregivers are aware of eligibility changes to Medicaid when a child is removed from or enters their care:
http://dcf.wisconsin.gov/memos/num_memos/2008/2008-03.pdf
- If a child is identified as an Indian child and WICWA applies, the agency is required to notify the child's tribe within 24 hours the child's name and address or expectant mother's name and address.
 - Notification is completed by sending the following forms to the child's tribe:
 - Screening for Child's Status as Indian:
http://dcf.wisconsin.gov/forms/pdf/pcf_f_cfs2322_e.pdf
 - Child's Biological Family History:
http://dcf.wisconsin.gov/forms/pdf/pcf_f_cfs2323.pdf
 - Request for Confirmation of Child's Indian Status:
http://dcf.wisconsin.gov/forms/pdf/pcf_f_cfs2016_e.pdf
- Notify all adult relatives that the child or juvenile has been placed into out-of-home care. Anytime that a child or juvenile is removed from their parent(s)' home under a court order and is not returned within 30 days, the notice must be sent. http://dcf.wisconsin.gov/forms/doc/pcf_f_2473_e.doc
- Notify the clerk of the school district in which a foster home is located when a school-age child is placed in that foster home, as required under §. 48.64 (1r), Stats. The notification shall include all of the following:
 - The name, address, and phone number of the foster parent.
 - The name of the foster child.
 - Information about the child required by the school, as allowed under any applicable confidentiality laws.
- Ensure the child is properly enrolled in an educational setting as required by law.
- Document the child's placements into out-of-home care into eWiSACWIS within five days.
- Provide the child with a copy of Handbook for Youth in Foster Care.
Document the date the child received the Handbook for Youth in Foster Care in the child's Permanency Plan, which describes the rights of the child with respect to education, health, visitation, and participation in court proceedings.

The reason for sending the notice to all adult relatives is not solely for finding an appropriate placement. Research shows that children who are removed from the caregivers and placed into out-of-home care often experience loss and trauma resulting from the separation from their family. When children are able to stay connected to their families they experience more placement stability and shorter stays in out-of-home care. In addition, by including the natural support systems, families are provided more lasting supports and children have better long-term outcomes when the child welfare system is no longer involved.

Assessing Needs and Strengths of Children Placed in Out-of-Home Care through the Child and Adolescent Needs and Strengths tool

Applicability

This policy applies to children and youth whom an agency has “Placement and Care Responsibility” for and who is placed with a:

- Unlicensed provider
- Foster home
- Group home
- Residential care center

The agency refers to either a county agency or the department.

This does not apply to a child or youth placed or to be placed into:

- Shelter Care
- Detention
- Corrections
- Hospitals
- Missing from Out-of-Home Care
- Trial Reunification
- Foster Homes solely for the purpose of a domestic or international adoption
- An unlicensed placement, group home or residential care center from agencies outside of Wisconsin’s jurisdiction

Agencies must ensure all actions of either agency or contracted provider staff comply with this policy.

Timeframes to Complete CANS: Initial Determination and Re-Determinations

Initial

Unlicensed Provider

The initial determination of the child's Level of Need shall be made prior to or within 30 days after the child's placement with an unlicensed provider.

Foster Care

The initial determination of the child's Level of Need shall be made prior to or within 30 days after the placement with a foster parent.

Group Homes and Residential Care Centers

The initial determination of the child's Level of Need shall be made prior to placement in a group home or residential care center, unless the placement is completed on an emergency basis. If the placement is completed on an emergency basis the assessment shall be completed within thirty days of the child's placement in a group home or residential care center.

Re-determinations

The agency shall reassess each child or youth and the child's out-of-home care provider within six months after the child or youth's last determination or re-determination.

The agency, out-of-home care provider, or licensing agency may request a reassessment more frequently.

The initial and any re-determination shall be placed in the child or youth's case record and shared with the placement resource. Documentation in eWiSACWIS of the information shall be considered documented in the child's record.

Documentation Requirements

The initial determination, re-determination(s), and exceptions allowed by this policy shall be documented in the child or youth's electronic case record.

Post Dispositional Changes of Placement

A change of placement may occur at any time during an out-of-home care episode for a variety of reasons. When it is necessary to change a child's placement, there are two processes that must be followed depending on whether the change of placement is based on an emergency or not. Changes of placement that occur after disposition in a CHIPS, JIPS, or delinquency case must follow the notice requirements set forth in statute to allow the case participants an opportunity to object to the change of placement in a timely manner and minimize disruption to the child if the court determines the proposed change is not in the child's/youth's or Indian child's best interests.

Emergency Change of Placement §. 48.357(2) or 938.357(2)

An emergency is defined as a situation in which the child/youth is no longer safe, as determined in Confirming Safe Environments, the out-of-home care provider is no longer willing or able to care for the child, or community safety requires immediate removal of the child from the placement. If emergency conditions necessitate an immediate change of placement, notice of the change of placement must be sent or a hearing must be held within 48 hours.

As required in statute, the court, parties, and physical custodian of the child shall be provided notice of the change of placement and has the right to request a hearing within ten days of receipt of the notice. If a child/youth has been placed with a foster parent or relative caregiver for more than six months, the foster parent or relative caregiver also has the ability to appeal the change of placement pursuant to §. 48.64.

Non-Emergency Change of Placement §. 48.357 or 938.357

When emergency conditions do not exist, a child's/youth's or Indian child's placement may not be changed, which would include a change from out-of-home placement to another or when the child is reunified with a parent, until either a hearing is held or 10 days after the notice of change of placement is sent to the court, parties, and physical custodian. All of the individuals entitled to receive notice of the change of placement have a right to object and request a hearing on the matter within ten days of receipt of the notice.

The child's placement can be changed immediately, without waiting the ten days, if written waivers of objection have been signed by all the parties or the Dispositional Order specifically authorized the change of placement. However, notice of the change of placement would still have to be provided to the court, parties, and physical custodian. If a child/youth has been placed with a foster parent or relative caregiver for more than six months, the foster parent or relative caregiver also has the ability to appeal the change of placement pursuant to §. 48.64.

ADDITIONAL OUT-OF-HOME CARE POLICIES

Family Interaction for Child Protective Services Cases When a Child is in Out-of-Home Care

Applicability, Purpose, and Definition of Family Interaction

Applicability

This standard applies to child protective services cases in which at least one child is placed in out-of-home care.

The agency must assure all actions of either agency or contracted provider staff members comply with this standard.

In some agencies, the requirements related to initiating and maintaining family interactions will not be performed by the same individual. The case may, for example, be assigned to another agency worker after the initial assessment worker has performed some of the functions described in this standard.

Purpose of Family Interaction

The primary purpose of family interaction is to preserve and strengthen family relationships, whenever possible. Additional purposes of family interaction include:

- Facilitating timely reunification of children to their families
- Assessing and addressing safety issues during family interaction
- Assessing and working with the family to enhance parental protective capacities
- Minimizing placement induced trauma for the child/ family caused by separation
- Establishing, enhancing, and maintaining child, sibling, and family attachments
- Establishing and facilitating other permanency options, when appropriate

Family interaction is an opportunity to maintain, establish, and promote parent-child relationships. In addition, family interaction is an opportunity for parents to evaluate their own parenting capacities and gain knowledge of new practices and views about parenting.

Children, their parent(s), and their sibling(s) have a right to family interaction whenever possible in order to maintain and enhance their attachment to each other. Areas to assess during family interaction may include, but are not limited to: the child's health, safety, developmental, emotional, and attachment needs, as well as the presence of domestic violence.

The agency should also evaluate the child's substantial relationships to determine the need to maintain those connections to reduce trauma and loss for the child. These substantial relationships may include, but are not limited to: friends, neighbors, local community and support groups, extended family members as defined by culture, and spiritual communities.

Family Interaction Defined

Family interaction is the interpersonal dynamics of the members of a family in a variety of environments and activities.

A family interaction plan must include the immediate family which includes, but is not limited to: both parents, legal guardians, Indian custodian, or others in a parenting role, and siblings.

Family interaction includes:

- Face-to-face contact
- Telephone calls
- Letters
- Email
- Attendance at routine activities such as counseling sessions, medical appointments, school events and faith-related activities

Whenever possible, face-to-face family interaction is the desirable professional practice. Face-to-face family interaction between parents or those in parenting roles and their children in placement is critical. Seeing the parent during family interaction, for example, reduces the child's fantasies and fears of "bad things" happening to the parent, and can often help older children eliminate self-blame for the placement. Additionally, face-to-face family interaction communicates the agency's belief in the family as important to the child and to the worker, which further supports family involvement and timely reunification.

Although face-to-face family interaction is preferred, there may be times when it is not in the child's best interest or is not feasible.

Initiating and Maintaining Family Interaction

Initial Family Interaction

The initial family interaction plan is necessary until a more thorough interaction plan is developed.

Face-to-face family interaction must occur within five working days of the child(ren)'s placement in out-of-home care. The agency is responsible for assuring that family interaction occurs.

The initial family interaction plan shall be developed by the agency worker after consultation with the immediate family and, as appropriate, relatives and the out-of-home care provider. The plan shall include:

- Frequency and location of the face-to-face family interaction
- Transportation
- Who will be present
- Arrangements for monitoring or supervision, if needed

Before face-to-face family interaction is implemented, the agency worker must assess if there are present or impending danger threats to child safety. The agency worker must also assess for current or prior domestic violence in the relationships of the adults involved in the case.

Considerations in Cases with Domestic Violence

Domestic violence cases are complex and can affect children on a deep emotional level even if they are not physically harmed. Risks to a victim of domestic violence and his/her children increase when there is a major change in family circumstances, such as separation or out-of-home placement of children, and the batterer attempts to regain control over the family. When domestic violence is present in combination with other forms of abuse, the impact on the child can be severe. Batterers may use a variety of controlling and manipulative tactics, such as using children as a vehicle to harm or control the victim, interfering with the relationship between the child and the adult victim, or deliberately creating or feeding family tensions. In addition to safety considerations, family interaction plans should take into account whether a batterer is likely, based on past behavior, to use these tactics. The following considerations can help promote the safety and well-being of the child, as well as protect the safety of all family members.

Check on possible restraining orders, no-contact orders or conditions of probation/parole that would have an impact on family interaction and plan for safety accordingly.

Assure that family interaction plans take into account the safety of all family members. When necessary, safety measures can include, but are not limited to: supervised family interaction, arranging different schedules, using a safe drop off/pick up location, developing a safety plan for situations in which the batterer appears unexpectedly, and arranging for a signal that ends the interaction if necessary. Consult with the domestic

violence victim to learn about safety strategies that work and the propensity of the batterer to inflict further violence.

Separate family interaction schedules allow a victim of domestic violence to have uninterrupted parenting time with the children.

Those supervising face-to-face family interactions should have training, education, or information on the dynamics of domestic violence, its impact on children and on family relationships, the tactics that batterers use with their partners and children; and their roles and responsibilities as supervisors.

Relatives should be used to supervise family interaction only when:
the relative understands and acknowledges the risks presented by the perpetrator, and
the relative does not blame the victim for the violence; and
the relative is able to identify and resist coercion or manipulation by the batterer.

In some cases of domestic violence, even supervised family interaction may not be sufficient to assure physical and emotional safety for the child.

If present, the agency shall consider a plan for supervised family interaction

Safety considerations to assist in determining whether face-to-face family interaction needs to be supervised include:

- There is a lack of information about the parent's ability to assure the child's safety.
- The parent exhibits behaviors or attitudes that might place the child's safety in jeopardy.
- The parent continues to deny or fails to accept responsibility for the actions which placed the child(ren)'s safety in jeopardy or caused serious physical or emotional harm.
- The parent has a current or recent history of committing domestic violence.
- The child shows serious emotional effects (trauma, threatens suicide, etc.) which has immediate implications for intervention.
- There is reason to believe that the parent or other persons are likely to flee with the child.

In the absence of a court order or documented concerns for child safety or the safety of other family members, the agency must consider a plan for unsupervised family interaction.

In cases where biological parents reside in separate households, biological fathers have historically been left out or minimized. Efforts should be made to include both the child's mother and father in family interaction planning. In some cases, this may require the development of separate plans due to issues of safety, confidentiality, domestic violence, etc.

The Family Interaction Plan

When a child is in out-of-home care, the agency shall, no later than 60 days after placement, establish and document a family interaction plan that outlines the anticipated interaction for the child with their parents, siblings, and other identified participants. The interaction plan shall be developed by agency staff with the involvement of family members, including children who are able to contribute to the process, as well as the out-of-home care provider and other participants identified by the family and/or agency.

The interaction plan shall be documented in the case record and shall, at a minimum, address the following information:

- A description of the parent's responsibilities to arrange/confirm visits with the agency worker, plan and prepare activities for family interaction, and assist their child with the transition at the conclusion of family interaction.
- How any necessary transportation will take place and who is responsible for the transportation.
- Any barriers that must be addressed by the agency to assure that family interactions occur on a regular basis.

Family interaction plans should change over time depending on considerations of safety, permanency, and well-being. When reunification is the goal, face-to-face family interaction should become less restrictive (supervised, if appropriate; to decreasing levels of supervision; to unsupervised contact), increase in length, and support parents in enhancing their protective capacities. When reunification is no longer the permanence goal, family interaction does not end. Unless parental rights are terminated or family interaction has been prohibited by court order, parents and children have the right to interact. However, consideration should be given to the impact of less frequent or discontinued contact between the child and family on the child's emotional well-being, needs for attachment, stability, and sense of security.

When consistent family interaction does not occur it is imperative that the agency worker meet with the parent to identify any barriers and in consultation with their supervisor, make necessary revisions to the plan. If a parent continues to fail to interact with his/her child after revisions are made, parents should be advised that repeated failure to interact with their child according to the family interaction plan could be considered a demonstration of a lack of parental concern for the child.

Frequency and Location

Frequency of Family Interaction

The agency shall make reasonable/Active Efforts to facilitate face-to-face family interaction based upon the child's developmental needs; however, it must occur no less than weekly.

Additionally, children shall have other family interaction (e.g., telephone calls, letters, etc.) with their parents at least weekly.

Weekly interaction should be viewed as the minimum standard. However, best practice standards indicate the following:

If an attachment bond is to be maintained between parents and their children in out-of-home care, family interaction needs to be frequent. Children between the ages of 0-5, for example, should have contact with their parents 3-5 times a week, if the plan is reunification. As a best practice guideline, the frequency of family interaction between parents and their children in out-of-home care should correspond with the child's wishes, age, developmental level, and should be consistent with the child's case plan and permanence goals.

Location of Face-to-Face Family Interaction

Primary consideration must be given to face-to-face family interaction occurring in settings that encourage the most natural interaction between family members while minimizing any threats to safety that may exist to the children or other participants.

Guidelines to assist with making the determination about location of family interaction include:

- Suitability for developmentally related activities; (e.g., does the location allow for positive interaction relative to the child's development?)
- Parents' attitudes and feelings about the care providers (foster and relative placements) and their ability to have contact with the care providers.
- Foster parents' or care providers' interest, willingness, and ability to be involved in the family interaction process and their perceptions and feelings related to the legal parents.
- Factors that might determine whether family interaction takes place in the out-of-home care providers' home.
- Consideration for the child's physical safety and emotional stability.

The optimum environment for face-to-face family interaction is in the home of the child's parent, if it is a safe environment for all participants. When this cannot occur, interaction should occur in the most natural setting as possible such as the home of the out-of-home care provider.

Family Interaction with Siblings

Maintaining Sibling Relationships

Every effort must be made to place siblings together; however, sometimes this is not possible. Sibling interactions provide an opportunity for siblings to build or maintain family relationships. When siblings are not seeing each other as a part of the family interaction plan, the following apply:

- Sibling face-to-face interaction must occur, at a minimum, once per month.
- Facilitation of sibling face-to-face interaction is the responsibility of the agency worker.
- Additional family interactions between siblings must be encouraged, such as contact by telephone, letters, and email.

When siblings are placed apart, each sibling, or his/her caregiver, when appropriate, should know where the other sibling is and how to reach him/her.

Modifying Family Interaction

Decreasing or Suspending Family Interaction

- Family interaction can only be prohibited by the agency if a court finds that continued contact is not in the child's best interests.
- Family interaction can be decreased or suspended if there is evidence that the contact is contrary to the safety of the child(ren) and this information is documented in the case record.
- Family interaction cannot be used as a punishment, reward, or threat for a child.
- The agency cannot restrict or suspend family interaction as a means to control or punish a parent for failure to work with agency or community providers or to comply with conditions of the case or Permanency Plan.
- The out-of-home care provider cannot prohibit family interaction.

Note: Being incarcerated or institutionalized, does not within itself constitute a ground for prohibiting or canceling face-to-face family interaction.

Documenting Family Interaction

Documentation Requirements

- The initial family interaction plan shall be documented in the family case record.
- The family interaction plan must be documented in the case record. As a part of formal safety reassessment throughout the provision of CPS ongoing services, the plan for continuing family interaction must be addressed and documented in the comments section of the Safety Assessment.
- The occurrence of both supervised and unsupervised face-to-face family interactions must be documented in the family case record.
- The occurrence of both supervised and unsupervised sibling face-to-face interactions must be documented in the family case record.
- Any changes in the family interaction plan shall be documented in the family case record.
- If the agency is unable to fulfill these responsibilities due to client unavailability, lack of cooperation, or refusal, the circumstances must be documented in the family case record.
- Any exceptions to the requirements of this policy must be approved by a supervisor and documented in the family case record.

Locating Non-Custodial Parent / Relatives

Wisconsin law requires that when children are placed in out-of-home care, placement with a relative must be considered, and, if a child is not placed with a relative, the reason(s) for non-placement must be documented in the Permanency Plan. When a child is being removed from his or her home, caseworkers have a responsibility to search out and locate relatives and make attempts to involve them in the child's life either as a placement or as a resource and potential future placement.

This policy provides minimum standards, guidance, and tools which will assist agencies in identifying, locating, and involving non-custodial parents, alleged fathers, and relatives as resources for children, especially children who have been removed from their homes.

Concurrent Permanency Planning

Concurrent Permanency Planning allows caseworkers to simultaneously plan to achieve a permanence goal (e.g., reunify the family) while implementing an alternative permanent goal for a child. Identifying, locating, and involving family members is consistent with and supports concurrent Permanency Planning for a child. When non-custodial parents, alleged fathers, and relatives are located early in a case, subsequent moves for children, in the event reunification is ruled out as a permanency goal, can be reduced.

Applicability

Agencies must assure that the actions of their staff and contracted provider staff complies with this policy.

This policy applies to cases in which a child has been recommended for out-of-home placement or placed in out-of-home care by an agency or the court. The purpose of this policy is to assist agencies in determining if there are non-custodial parents, alleged fathers, or other relatives who could be appropriately involved in the child's case either as resources or placement options for the child and family. Particular attention must be made to identify and involve individuals who may assert parental claims regarding a child so that they are afforded due process in cases involving their children and so placements and Permanency Plans are not disrupted for children in care if a parent or other relative is subsequently identified.

In addition, this policy may be useful when a child remains in the family home under a Child in Need of Protection or Services (CHIPS) order. Relatives and parents can be a resource for a family, such as providing respite care while the case is open and when the agency is no longer involved with the family.

Diligent Efforts to Search for Non-Custodial Parents, Alleged Fathers or Relatives

A diligent search for non-custodial parents, alleged fathers, and relatives includes the identification, consideration, and determination of non-custodial parents, alleged fathers, and

relatives either as resources or placement options for children and families. The identification of relatives should begin at access and continue through initial assessment and ongoing case management. Identifying and locating relatives should begin when a caseworker is considering or recommending out-of-home care for the child, which will allow better planning for the child's transition. For example, in cases where it is likely that the parent will be incarcerated, when a voluntary placement agreement appears to be ineffective, or when based on the family's history with child protective services removal seems likely, the caseworker should speak with the parent or legal guardian about relatives who might be a resource for the child. Talking with parents regarding their preference for placement of their child, should that become necessary, is often more effective than waiting until the child is removed.

Non-Custodial Parents and Alleged Fathers

When Diligent Efforts to Search for Non-Custodial Parents and Alleged Fathers Are Required

Diligent efforts to search for non-custodial parents and alleged fathers must be initiated or continue at the following points in a case when:

- It is likely that a child will be placed in out-of-home care.
- The child is placed in out-of-home care on either an emergency basis or with planning.
- It is likely that the child's placement will change.
- A concurrent permanence goal is established.
- Reunification is no longer the primary goal.
- A child is determined to be subject to the Wisconsin Indian Child Welfare Act (WICWA), Active Efforts to locate and involve relatives must be made.

Diligent efforts to search for non-custodial parents and alleged fathers should be ongoing for children who are in out-of-home care.

Diligent Efforts to Search for Non-Custodial Parents and Alleged Fathers– Best Practice

Non-custodial parents and alleged father searches should include, but are not limited to the following actions.

In all situations, including emergency situations:

- If the parent, legal guardian, or caretaker of the child can be identified and is present, ask him or her to identify and provide the whereabouts of the non-custodial parent or alleged father.
- Ask the child, if appropriate, to identify and provide the whereabouts of the non-custodial parent or alleged father.

As the case progresses, as part of continuing efforts to search:

- Check the family's agency record, including eWiSACWIS, for non-custodial parent and alleged father identification and whereabouts.
- Check the Department of Children and Families, Bureau of Child Support's KIDS system for identification or location of a non-custodial parent or alleged father.
- Consult the identified tribe of an Indian child for information on non-custodial parents and alleged fathers.
- Ask the reporter of a child abuse and neglect referral received by Access.
- Ask the school the child attends or previously attended to see if there are additional emergency contacts listed of which the agency is unaware.
- Check the CARES system records if your agency has an information sharing agreement with your local CARES agency. CARES issues Wisconsin Works (W-2), Food Share, Medicaid, and Child Care benefits.
- Contact neighbors at a last known address to see if they have current location information.
- Ask at county jail visits.
- Research CCAP (Consolidated Court Automation Project): <http://wcca.wicourts.gov>
- Submit an inquiry to the Prison Inmate Locator System through the Department of Corrections (DOC): <http://www.vinelink.com>

Caseworkers should be aware that there are confidentiality restrictions on the use of information in a case record, either on paper or in eWiSACWIS and in KIDS. Please review DCF Numbered Memo 2003-13B and Information Memo 2006-19 for additional information.

When seeking information from people or resources outside their case, caseworkers must continue to maintain confidentiality about the identity and circumstances of the children and families with whom they are working. This may make it more difficult to obtain information, because the other person is reluctant to share information unless he or she knows how it will be used. Nevertheless, confidentiality requirements must be followed.

Relatives

When Diligent Efforts to Search for Relatives Are Required

Diligent efforts to search for relatives must be initiated or continue at the following points in a case when:

- It is likely that a child will be placed in out-of-home care with someone other than a fit and willing relative.
- The child is placed in out-of-home care with someone other than a fit and willing relative on either an emergency basis or with planning.
- It is likely that the child's placement will change to a non-relative placement.
- Paternity is adjudicated or acknowledged.
- A concurrent permanence goal is established.
- Reunification is no longer the primary goal.
- A child is determined to be subject to ICWA, Active Efforts to locate and involve relatives must be made.

Relatives may not be able to act as a placement, temporary or permanent, but they may have the ability to be a less formal resource for the child and be a connection that will last beyond the child's involvement in the child welfare system. Therefore, relative searches should continue until the caseworker believes that the child's needs have been met or could be met by the relatives who have been located.

When evaluating a relative as a placement for a child or sibling group the child's best interest should be of paramount concern. Caseworkers should consider whether the relative could keep the children near the other parent if reunification is the goal; whether the child has a relationship with the relative; whether placement with the relative would keep the child in his or her community or school system; whether the relative has the capacity to meet the child's needs; if this is a sibling group, the capacity of the relative to accept all of them and meet their needs; if this is not the child's first placement, whether the child has a bonded relationship with his or her foster family.

If a child remains in out-of-home care, the agency and court should review the appropriateness of renewing the relative search during a change of placement, the Permanency Plan hearing or the Permanency Plan administrative review. When reviewing decisions about placing with a relative, caseworkers should focus on the best interests of the child and determine whether any circumstances have changed that would now make placement with a relative an appropriate option for the child.

Caseworkers should also ask relatives whether they would like to be contacted if there is a change in circumstances for a child. To assist in that discussion, Appendix VIII, page 272, contains the form, "Relative Notification Acknowledgement", which gathers information about why the relative cannot be a placement option at the time he or she is contacted and whether he or she wants to be contacted in the future regarding either out-of-home placement or adoption. It

also informs the relative that the agency is not obligated to move a child if a relative requests placement, and that foster parents, after six months, may have an independent interest in the child's placement. This form could assist in documenting situations such as an out-of-state relative who is willing to accept the child, but because the permanency goal is reunification an out-of-state placement would not be appropriate, or a relative who is recovering from an illness, but is willing to be a placement resource when he or she recovers.

When evaluating placement alternatives, consideration should be given to how long the child has been in his or her current placement, whether the child has bonded with the foster family, whether the child has an established relationship with an interested and appropriate relative, and whether the relative has shown some commitment to the child while the child is in out-of-home care, even if he or she could not accept the child in their home.

Diligent Efforts to Search for Relatives – Best Practice

Relative searches should include, but are not limited to the following actions:

Immediately and in all cases:

- If the parent, legal guardian, or caretaker of the child can be identified and is present, ask him or her, to identify and provide the whereabouts of relatives.
- Ask the child, if appropriate, to identify and provide the whereabouts of other relatives.

As the case progresses, as part of continuing efforts to search:

- Check the family's agency record, including eWiSACWIS, for relative identification and whereabouts.
- Consult the identified tribe of an Indian child for information on relatives.
- Use search engines approved by the agency.
- Ask the reporter of a child abuse and neglect referral received by Access.
- Ask the school the child attends or previously attended to see if there are additional emergency contacts listed of which the agency is unaware.
- Check the CARES system records if your agency has an information sharing agreement with your local CARES agency. CARES issues Wisconsin Works (W-2), Food Share, Medicaid, and Child Care benefits.
- Contact neighbors of a last known address to see if they have current location information.
- CCAP (Consolidated Court Automation Project): <http://wcca.wicourts.gov>

Caseworkers should be aware that there are confidentiality restrictions on the use of certain information in a case record. Please review DCF Numbered Memo 03-13B for additional information.

When seeking information from people or resources outside their case, caseworkers must continue to maintain confidentiality about the identity and circumstances of the children and

families with whom they are working. This may make it more difficult to obtain information, because the other person is reluctant to share information unless he or she knows how it will be used. Nevertheless, confidentiality requirements must be followed. Please also review the section below, “When Agencies Identify or Locate Relatives Without the Assistance of the Parent.”

Appendix IX, page 273, contains a form, “Relative Search Record,” which is a tool to be used in the child’s paper file as a quick summary of relatives who have been identified and contacted, whether the Indian Child Welfare Act (ICWA) applies to the child. Since relative searches may occur over many months, this brief reference tool may be helpful.

Support of Relative Caretakers

Once the agency has succeeded in locating and involving relatives as either temporary or permanent placements, agency support for these caretakers is important. Services such as counseling or other mental health services for the child, transportation, respite care for the child, targeted funding to meet the needs of the child, etc., should be explored as a means of supporting and encouraging the involvement of relatives as out-of home-care providers.

Identifying, Locating, and Involving Fathers

Fathers may be overlooked if efforts are not taken to establish paternity or involve them in the child’s case. It is critical to identify and locate fathers early in the process of providing services to a family for the following reasons:

- Fathers have the right to be involved with their children, to receive services, and to make decisions about their children.
- Fathers have rights and responsibilities related to the care of their children, including financial responsibilities.
- Identification and location of a father may increase the relative placement options and resources for the child.
- It enables the agency to gather information, such as physical or mental health histories or social history about the paternal relatives.
- To avoid disruption of foster or adoptive placements when fathers or tribes are not notified early.

Fathers can be classified into two categories: fathers who are known or thought to be known, and fathers who are unknown. The category, fathers who are known or thought to be known, includes fathers who are presumed, acknowledged, adjudicated, and some alleged. Fathers who are unknown include unnamed individuals and may include some alleged fathers when there are multiple possible fathers.

Father's Paternity Has Not Been Established

When the identity and whereabouts of the father are unknown, diligent efforts to identify and locate the father must include:

- Checking the child's birth certificate to see if there is a person listed as the father and follow up with location efforts if a father is listed on the birth certificate.
- Checking the Paternal Interest Registry in the Department of Children and Families. (See DCFS Info Memo 2006-10) on deadlines for registration and notice to registered or unregistered fathers.
- As directed by local agency policy, checking the KIDS system using the child's name, Social Security Number, or other specific identifying information that will most effectively select the correct child. (See DCFS Information Memo 2006-19.)
- Asking the mother, child, if appropriate, and relatives who the father is believed to be and any known information including location of conception or any identifying characteristics.
- Following up with efforts to locate individuals identified.

It may also include requesting paternity testing through the child support agency, if a father is identified and located.

The agency should continue trying to locate fathers even if the case reaches the point where the permanence goal becomes adoption, and a petition for termination of parental rights is being filed. If the caseworker learns new information about the child's father or possible father, that information must be pursued.

When a Parent or Legal Guardian Objects to a Relative or Parent Search

Parents or legal guardians may object to the placement of a child with a relative. After evaluation of the parent's objections, the caseworker may still place the child with the relative after the safety of the home has been assessed and confirmed and required background checks have been completed. The parent should be informed that they may express their objections to the juvenile court judge at either the temporary custody or change in placement hearing.

When a Parent Refuses to Provide Information about a Parent or Relatives

If a parent refuses to provide any information about the non-custodial parent or relatives, the caseworker must conduct the activities required under Diligent Efforts to Search for Non-Custodial Parents and Alleged Fathers or Relatives.

If the court agrees, it may be most effective to have the judge question the parent or legal guardian during the temporary physical custody hearing, or when the parent first appears in court. The caseworker may want to involve the Guardian ad Litem in seeking information.

If a parent continues to refuse to provide any information about a non-custodial parent or other relatives, the caseworker must consult with the corporation counsel or district attorney to determine the appropriateness of having the court order the parent or legal guardian to provide the information.

When Search Is Not Required

Wisconsin law allows parents to anonymously relinquish custody of a newborn. The statute §. 48.195, Stats., is often referred to as the Safe Haven law. A parent must meet the following statutory requirements in order to relinquish his or her child under the Safe Haven law: the infant must be less than 72 hours old, must be turned over to a law enforcement officer, an emergency medical technician, or a hospital staff member, who subsequently must turn the child over to a court intake worker. A parent who chooses to anonymously relinquish his or her infant under §. 48.195, Stats. may refuse to provide any identifying information unless the person accepting the infant believes that the infant was abused or neglected, or the parent is being coerced or induced into relinquishing his or her infant. If an agency is working with an infant who was anonymously relinquished under §. 48.195, Stats., the agency will not be able to search for or locate the non-custodial parents or relatives.

However, if there is reason to believe that the infant is an Indian child, agency staff should identify and contact the tribe with which the child is, or may be, affiliated. The Indian Child Welfare Act, 25 U.S.C. 1913(a) , provides that any consent to an out-of-home placement or termination of parental rights by a parent or Indian custodian that occurs before the birth of the child or within ten days of the birth of the child is not a valid consent. The United States Supreme Court in, Mississippi Choctaw Indian Tribe v. Holyfield, 490 U.S. 30 (1989), states:

Nor can the result be any different simply because the twins were “voluntarily surrendered” by their mother. Tribal jurisdiction under 1911(a) was not meant to be defeated by the actions of individual members of the tribe, for Congress was concerned not solely about the interest of Indian children and families, but also about the impact on the tribes themselves of the large numbers of Indian children adopted by non-Indians. ...

In addition, it is clear that Congress’ concern over the placement of Indian children in non-Indian homes was based in part on evidence of the detrimental impact on the children themselves of such placements outside their culture. Congress determined to subject such placements to the ICWA’s jurisdictional and other provisions, even in cases where the parent consented to an adoption, because of concerns going beyond the wishes of individual parents.
(Holyfield, pp. 49-50)

When Agencies Identify or Locate Relatives Without the Assistance of the Parent

Agencies may learn about relatives or fathers from a source other than the parent or legal guardian. Agencies are sometimes contacted by individuals who identify themselves as a relative and ask that the child be placed with them, or ask to have contact with the child.

Schools, churches, or others with knowledge about the family may provide names of relatives, and the child may offer the name of someone that he or she identifies as a relative.

When an agency identifies or locates a relative without the assistance or knowledge of a parent or legal guardian, the agency must:

- Document whatever information is offered regarding the identification and location of the non-custodial parent or relative.
- Not disclose confidential information about the child or family, including whether there is an open child welfare case.
- Notify the parent that the information has been received and consult with the parent regarding involvement of the non-custodial parent or relative.
- Verify independently that the individual is a non-custodial parent or relative before considering the relative or non-custodial parent as a placement option.

KIDS Family Violence Indicator

The Department recommends that child welfare agencies enter into agreements with local child support agencies to allow access to systems and information within the parameters of the state agencies' agreement.

Within the Agreement is a provision regarding the KIDS Family Violence Indicator, which is placed on a KIDS participant record when a claim or finding of good cause for noncooperation with child support is entered in the KIDS system, or if a temporary restraining order or injunction has been entered to protect the participant, or if the child support agency has reason to believe that releasing the information might result in physical or emotional harm to the participant. The indicator will appear on all case screens. If the indicator is on the case record, information about the protected individuals may not be published, used, transmitted, or otherwise shared without first removing all information about location, employment, or other information identifying the whereabouts of the protected individuals.

Therefore, information about parents and, by extension, relatives of those parents that is obtained from a KIDS record containing a Family Violence Indicator, cannot be used if it violates the privacy protections. If the information about a parent or relative is obtained from an independent source, then the caseworker should determine and consider the reasons a "Family Violence Indicator" is present in the KIDS case record and how that may impact the safety and well-being of the child and family.

Documenting Diligent Efforts to Search

Under Wisconsin law, certain information regarding placement of a child with a relative or with the family of a sibling must be documented in the Permanency Plan. Those items are noted below. Other information identified below must be documented somewhere in the child's case record. Compiling it and updating it within the Permanency Plan is acceptable.

Documentation Requirements

The following actions must be documented in the case record when conducting a non-custodial parent, alleged father, and relative search for children placed in out-of-home care:

- Identification of non-custodial parents and maternal and paternal relatives. (Required to comply with §. 48.38(4)(bm))
- Efforts to locate, contact, and involve relatives, including their response to involvement as a resource or placement option.
- Statement as to the availability and suitability of each relative as a placement resource for the child and, if the child is not placed with the relative, the reasons why the placement with the relative is not safe or appropriate. (§. 48.38(4)(bm))
- Statement as to the availability and suitability of the families of siblings as a placement resource for the child, and, if the child is not placed with the sibling family, the reasons why the placement is not safe or appropriate. (§. 48.38(4)(br))
- Efforts to establish paternity.
- Refusal of parents or legal guardians to provide information regarding relatives or to give consent for relative searches to be conducted.
- The justification for choosing a relative placement over the objections of a parent or legal guardian must be documented in a case note in the agency electronic record for the child.
- Documentation of the good cause showing made to support the agency's failure to follow the placement preferences set forth by the Indian Child Welfare Act (ICWA).

Documentation of diligent and Active Efforts to search for non-custodial parents, alleged fathers, and relatives may be critical in an action to terminate parental rights to demonstrate that the agency made diligent or Active Efforts to locate, involve, and place a child with a non-custodial father, an alleged father, or a relative.

Trial Reunification

In Child Protective Services (CPS) cases, placing a child in out-of-home care is a temporary action used to control and manage threats to child safety and assure that a child is protected. An out-of-home safety plan clearly outlines what is needed for the child to return home with an in-home safety plan while the agency continues to work with parents or caregivers in consistently providing a safe environment.

A trial reunification is a continuation of the out-of-home placement episode, so return to out-of-home care as a result of ending a trial reunification is not considered a re-entry into out-of-home care if it does not exceed time limits for a trial reunification. Trial reunification should only be used when it is anticipated that the child will remain with his or her parent(s) and a return to out-of-home care is unlikely, except for short-term or respite placements with the out-of-home care provider. Trial reunification is defined under §. 48.358(1)(a) and in federal law under 45 CFR 1356.21(e).

A trial reunification may be appropriate when:

- Child Protective Services Cases
 - An in-home safety plan can be implemented and the permanence goal for the child is reunification. Using a trial reunification affirms that returning a child is not predicated on parents or caregivers fully changing their lives, but rather that reunification is possible as treatment services continue. Since it is difficult to predict with certainty the impact on the family when a child returns home, a trial reunification is an opportunity to assure that behavioral change is sustained over a period of time and to confirm that reunification remains the appropriate permanence goal.
- Child Welfare Cases
 - The conditions leading to the removal of the child can be managed in the home of either parent or the relative caregiver from whom the child was removed.

Applicability

This Standard applies to when the agency requests and the court orders the use of a trial reunification as part of a court order.

Prohibition

Except as provided in the exception, the court may not order a trial reunification in the home of a person who has been convicted under §. 940.01 of the first-degree intentional homicide, or under §. 940.05 of the 2nd-degree intentional homicide, of a parent of the child, if the conviction has not been reversed, set aside, or vacated.

The prohibition does not apply if the court determines by clear and convincing evidence that the placement would be in the best interests of the child. The court shall consider the wishes of the child in making that determination.

Agencies must assure all actions of either agency or contracted provider staff complies with this policy.

Initiating a Trial Reunification

It is important to assess the progression of the family interaction plan when considering if a trial reunification is appropriate. Face-to-face family interaction should become less restrictive (from supervised, if necessary, to decreasing levels of supervision, to unsupervised contact) and increase in length over time before a trial reunification is considered. Agency staff should consult the “Family Interaction for Child Protective Services (CPS) Cases When a Child is in Out-of-Home Care” section on page 171 for further guidance on CPS cases.

Determinations Prior to Initiating a Trial Reunification

The agency must determine:

- If any existing court orders (juvenile, criminal, tribal, family, civil) specifically limit family interaction in a manner that prevents the use of a trial reunification and determine:
 - Whether an in-home safety plan can be implemented to control impending danger threats and assure child safety *or*
 - Whether the conditions leading to the removal of the child can be managed in the trial reunification home.

Agency staff should discuss the trial reunification with the child when age and developmentally appropriate. The caseworker, therapist, or other adult close to the child may assist the child in identifying his or her hopes, fears, and attitudes about the trial reunification and provide support to the child as needed.

Request for Trial Reunification

The caseworker shall complete a “Request for Trial Reunification” (JD-1801) form to request the court to order a trial reunification. A trial reunification may not occur without a court order. The request shall include:

- The name and address of the requested trial reunification home.
- A statement describing why the trial reunification is in the best interests of the child.
- A statement describing how the trial reunification satisfies the objectives of the child's Permanency Plan.

A request for a trial reunification may not be made on the sole grounds that an emergency condition necessitates an immediate removal of the child from his or her out-of-home placement. If an emergency condition necessitates such an immediate removal, the person or agency primarily responsible for implementing the dispositional order shall proceed as provided in §. 48.357 (2) or s. 938.357 (2).

Notice of Trial Reunification

The person or agency requesting the trial reunification shall submit the request to the court and shall cause written notice of the requested trial reunification to be sent to:

- The child.
- The parent, guardian, and legal custodian of the child.
- Any foster parent or other physical custodian of the child, described in §. 48.62 (2) and 938.62(2).
- The child's court-appointed special advocate.
- All parties who are bound by the dispositional order.
- If the child is an Indian child who has been removed from the home of his or her parent or Indian custodian, the Indian child's Indian custodian and tribe.

The notice shall contain the information that is required to be included in the request. The Notice and Request for Trial Reunification (JD-1801) meets these requirements if provided to the required individuals.

Objection to Trial Reunification

Any person who is entitled to receive notice of a requested trial reunification under §. 48.358 (2)(b) or 938.358 (2)(b)., other than a court-appointed special advocate, may obtain a hearing on the matter by filing an objection with the court within 10 days after the request was filed with the court.

If an objection is filed, a hearing shall be held within 30 days after the request was filed with the court.

Not less than three days before the hearing the person or agency requesting the trial reunification or the court shall provide notice of the hearing to all persons who are entitled to receive notice under s §. 48.358(2) (b) or 938.358 (2)(b). A copy of the request for the trial reunification shall be attached to the notice.

Prior to Implementing a Trial Reunification

Child Protective Services Cases Only

Prior to implementing a Trial Reunification the caseworker must:

- Re-assess child safety
- Develop an in-home safety plan that includes what will happen if threats to child safety can no longer be managed.

Additionally in all case types, a description of the following must be documented in the family case record:

- How the agency will communicate the child's status and facilitate services to the out-of-home care provider, as appropriate.
- The nature and frequency of any contact the out-of-home care provider will have with the child.

If the order authorizing the trial reunification is obtained at the same time the trial reunification is implemented, that order serves as notification to all parties.

Managing a Trial Reunification

Information gathered from the parents/caregivers, child, and service providers is used to evaluate the impact of the trial reunification and confirm that the child is safe by:

- Assuring that the services put in place continue to adequately control identified safety threats.
- Assuring that the commitments by the family and providers remain in effect.
- Determining whether previously identified safety threats have been eliminated or reduced.
- Determining if new safety threats to the child have emerged.
- Modifying the safety plan (related to impending danger threats) or Permanency Plan (related to protective capacities).

Implementation of Trial Reunification

The agency caseworker must:

- Continuously review and evaluate the adequacy of the in-home safety plan.
- Have monthly contact by the caseworker, at a minimum, with service providers involved in the safety plan, if applicable.

For all case types implementation includes:

- Face-to-face contact by the caseworker or designee with parent/caregiver(s) and the child on the day the trial reunification begins.
- Twice a month face-to-face contact by the caseworker or designee with parents/caregivers and the child unless a need for more immediate or frequent contact is indicated by the information obtained about the family.

It is essential that the agency have face-to-face contact with the parent/caregiver(s) and the child on the day the trial reunification begins. The worker's focus is on assessing the family's understanding, agreement, and commitment to the safety plan and plan for trial reunification. It also provides an opportunity for the family to ask any questions they may have.

Timeframes for a Trial Reunification

A trial reunification means a period of seven consecutive days or longer, but not exceeding 150 days. If a trial reunification is ordered it shall terminate after 90 days after the date of the order, unless the court specifies a shorter period in the order, extends the trial reunification or it is revoked.

Prior to the conclusion of the trial reunification, the agency must make a decision as to whether reunification has been successfully achieved.

As provided in 45 CFR 1356.21(i) (a), any time a child spends on a trial reunification is not included in the statutory timeline that requires an agency to request a petition for termination of parental rights when a child has been in out-of-home care for 15 of the most recent 22 months absent documentation of an exception under §. 48.417(2), Stats.

Information about a trial reunification should be incorporated into the case progress evaluation of the child's Permanency Plan.

Ending a Trial Reunification

Prior to a trial reunification ending the agency must determine whether:

- Reunification is appropriate.
- The trial reunification needs to be extended.
- The child is to be returned to an out-of-home care setting.

When Reunification Can be Achieved

Prior to reunification, the agency must:

- Assure that child safety can be maintained within the child's home.
- Request a Change of Placement under §. 48.357 or §. 938.357 with the court no later than 10 days prior to the end of the trial reunification to the trial reunification home; and
- Allow a minimum of 10 days for parties to file an objection to the "Notice of Change in Placement," as required in §. 48.357(1) (am) 2. or § 938.357 (1)(am)2. Stats.

If a party files an objection to the "Notice of Change in Placement," the trial reunification shall continue until further order of the court unless circumstances necessitate a revocation of the trial reunification.

Reunification may occur when the agency can conclude that impending danger threats have been eliminated or can be managed with an in-home safety plan or the conditions leading to the need for out-of-home care placement can now be managed in the trial reunification home. The decision to reunify does not mean case closure. Agencies should continue to work with the family to assure that there is sustainable behavioral change and/or that informal and formal supports are in place that can manage the safety of the child(ren).

Depending on family circumstances, there may be times when reunification criteria are not met within the initial court-ordered timeframe of 90 days, but safety can continue to be managed with an In-home safety plan.

In these instances, a trial reunification may be extended by order of the court.

Extending a Trial Reunification

The agency caseworker responsible for implementing the dispositional order may request an extension of a trial reunification using the "Notification of Request/Extension/Revocation of the Trial Reunification" (Form JD-1801).

The request shall contain a statement describing how the trial reunification continues to be in the best interests of the child. No later than ten days prior to the expiration of the trial reunification, the agency caseworker that requests the extension shall submit the request to the court that ordered the trial reunification and shall provide notice of the request to all persons who are entitled to receive notice.

Revocation of trial reunification

If the person or agency primarily responsible for implementing the dispositional order determines based on current circumstances that a trial reunification is no longer in the best interests of the child, that person or agency may, without prior court order, remove the child from the trial reunification home and place the child in the child's previous out-of-home placement or place the child in a new out-of-home placement. The agency does not need to take the child into custody under Temporary Physical Custody because under the trial reunification, the child has remained in out-of-home care placement.

- If the person or agency primarily responsible for implementing the dispositional order places the child in the child's previous out-of-home placement, within three days after removing the child from the trial reunification home, that person or agency shall submit a request for revocation of the trial reunification to the court that ordered the trial reunification and notify all persons who are entitled to receive notice of the trial reunification.
 - The request shall contain:
 - The date on which the child was removed from the trial reunification home.
 - The address of the child's current placement.
 - The reasons for the proposed revocation.
- If the person or agency primarily responsible for implementing the dispositional order places the child in a new out-of-home placement, within three days after removing the child from the trial reunification home, that person or agency shall request a change in placement.
 - The request shall include:
 - the date on which the child was removed from the trial reunification home,
 - The information required under §. 48.357 (1) (am) 1. or 938.357 (1)(am) 1.

The trial reunification is revoked when the change in placement order is granted.

Concluding a Trial Reunification

At the end of a trial reunification, the person or agency primarily responsible for implementing the dispositional order shall do one of the following:

1. Return the child to his or her previous out-of-home placement. The person or agency may do so without further order of the court, but within five days after the return the person or agency shall provide notice of the date of the return and the address of that placement to all persons who are entitled to receive notice under par. (b).

A trial reunification is the continuation of an out-of-home placement episode; therefore, ending the trial reunification and continuing the child's placement with the same out-of-home care provider avoids a re-entry into out-of-home care.

2. Request a change in placement under s. 48.357 or 938.357 Wis. Stats., to place the child in a new out-of-home placement.

3. Request a change in placement under s. 48.357 or 938.357 Wis. Stats., to place the child in the trial reunification home. If a determination is made that a trial reunification will end with achieving the permanence goal of reunification.

When it is determined that safety cannot be managed with an In-home safety plan, it is important to avoid moving a child back and forth between out-of-home care placements and his or her home. The agency should make diligent efforts to return the child to the out-of-home care provider with whom the child was placed when the trial reunification was initiated, unless that placement is no longer available or not in the child's best interest.

Documenting Decisions Regarding a Trial Reunification

Documentation of a trial reunification is critical in later determining whether the agency has made reasonable or Active Efforts to reunify a child.

Documentation Requirements

The following decisions and justification for the decisions must be approved by a supervisor or his/her designee and documented in the family case record:

- The decision to initiate a trial reunification and the related Safety Analysis and Plan.
- The decision to end a trial reunification.
- The decision to reunify the child with his/her family.

The placement into the trial reunification and the conclusion shall be documented in eWiSACWIS within five days of the order by the court initiating or terminating the trial reunification.

Caseworker Face-to-Face Contact Requirements for Children and Juveniles in Out-of-Home Placement

Regular and consistent face-to-face contact by a child's caseworker that are focused on the goals established in the case plan directly impact positive outcomes for children and juveniles, including the management of safety, timely achievement of permanence, and improved well-being.

Purpose

This policy establishes the requirement for caseworkers to have face-to-face contact at least once each and every full calendar month with children and juveniles who are living in an out-of-home placement. Additionally, this policy directs agencies how to document information about the caseworker's face-to-face contact in eWiSACWIS.

There are no exceptions to this policy since it is enacting a federal law.

Agencies must assure all actions of either agency or contract provider staff comply with this policy.

Agencies may use other professional staff as designees to complete the face-to-face contacts. These professional staff include those who are trained to assess safety, facilitate permanence, ensure a child's well-being, and evaluate the progress of a child and family's case. *Examples of child welfare workers that do not qualify as appropriate designees are Guardian ad Litem or foster parent.*

Court Ordered Out-of-Home Placements of Indian Children

Section 46.261, Stats., allows a county to fund an out-of-home placement ordered by a tribal court, providing that the county and tribe enter into a 161 Agreement. Those tribal court-ordered placements under a 161 Agreement are subject to the face-to-face contact requirement and must be performed by the county agency unless the tribe and county include alternative language in a 161 Agreement, MOU or contract delineating responsibilities for the contacts. (Note: On and after July 1, 2008, the appropriate citation for such agreements is s. 48.645(2)(a)4., Stats.)

For additional guidance regarding face-to-face contact for counties and tribes who are jointly serving a child, refer to Appendix X, page 274.

Applicability

I.

The caseworker face-to-face contact requirement applies to all children and juveniles in out-of-home placement including those placed through a Voluntary Placement Agreement (s. 48.63, Stats.) and children and juveniles who are over 18 years of age if the agency maintains placement and care responsibility under a court order and the child or juvenile is in an out-of-home setting listed below:

- Court-ordered kinship care.
- Foster family home (relative or non-relative).
- Pre-adoptive home.
- Receiving home.
- Unlicensed relative or non-relative placement.
- Group home.
- Shelter care (including Reception Center and Reception Center – Shelter).
- Residential care centers for children and youth.
- Trial reunification.
- Supervised independent living.
- Missing from out-of-home care (previously documented as AWOL/Runaway).

II.

Children who are in the out-of-home placements listed below are not subject to the face-to-face contact requirement in this policy except as described in the paragraph below:

- Voluntary kinship care.
- Juvenile correctional institutions.
- Adult corrections.
- Secure detention (including Reception Center – Detention).
- Hospitals.

If a child or juvenile is placed in an out-of-home care setting listed in Section I and is subsequently moved to an out-of-home setting listed in Section II without discharge between those out-of-home settings, the caseworker must continue to conduct monthly face-to-face contacts with the child or juvenile.

Children Missing from Care

Caseworkers should continue to make efforts to locate a child or juvenile missing from care and have contact with the child or juvenile upon their return according to the “Children Missing From Out-of-Home Care” policy and should document these in the child’s case record. This policy is located at http://dcf.wisconsin.gov/memos/num_memos/2008/2008-12.pdf

Caseworker Face-to-Face Contact Requirement

Each child or juvenile in an out-of-home placement must have at least one face-to-face contact with his or her caseworker in each and every full calendar month the child or juvenile is in out-of-home care. The majority (greater than 50%) of the face-to-face contacts must be in the child or juvenile’s out-of-home placement.

Caseworker face-to-face contacts must be focused on the safety, permanence, and well-being of the child and must be of substance and duration sufficient to address the goals of the case plan or Permanency Plan. Content of the contacts must be documented in accordance with the documentation requirement below.

For Child Protective Services cases, refer to the requirements in the “Face-to-Face Contacts with Children and Families Following the Initiation of Ongoing Services” policy issued in DCFS Memo 2005-10 for additional requirements. That Standard can be access directly at the following link: http://dcf.wisconsin.gov/memos/num_memos/2005/2005-10attach.pdf

If the Department or a county department designates other caseworkers (residential staff, treatment foster care caseworker, out-of-state agency caseworkers for Wisconsin children placed in other states) to be responsible for visits with the child or juvenile, the county or Department caseworker primarily responsible for the child or juvenile should have face-to-face contact with the child or juvenile on at least a quarterly basis.

For cases involving the interstate placement of children or juveniles, visits must occur each and every month and should be conducted by the agency responsible for supervision under the Interstate Compact on the Placement of Children (ICPC) agreement for that child or juvenile, generally the receiving state or a private agency caseworker under contract with the receiving state. The sending state is responsible for documenting the visits in eWiSACWIS. Under the ICPC, the visiting agency is required to submit a supervision report every six months; however, in practice, supervision reports are generally received every three months. Agencies may want to request a report about any visits during the final quarter of the Federal Fiscal Year (July, August, September) by the last week of October in order for those visits to be entered in eWiSACWIS and counted in the data submitted to the federal Administration for Children and Families (ACF) database. If the sending agency is not receiving the documentation from the receiving state, the agency should contact the assigned Deputy Compact Administrator at DCF as soon as a problem is detected. The Deputy Compact Administrator will work with the receiving state to address the issue.

Quality of Face-to-Face Contacts

The federal Child and Family Services Improvement Act of 2006 requires monthly contacts to be well-planned and focused on issues pertinent to case planning and service delivery to ensure safety, permanence, and well-being of children. It is important to make face-to-face contacts purposeful and meaningful in order to promote positive outcomes for children. The ultimate intent of face-to-face contacts is to monitor safety and to provide services to promote permanency and the well-being of the child, the child's family, and the child's caregivers. For this reason, it is critical that documentation reflects and supports the content of monthly contacts.

In the monthly contact a caseworker's face-to-face contact with a child or juvenile may include or address the following topics:

- Safety:
 - Ongoing assessment of safety of the child and, if applicable, community
 - Child or juvenile's behavioral risk, including risk to self and risk to others
- Stability/Adjustment of child or juvenile in:
 - Current living arrangement (biological home, foster home, group home, RCC, incarceration)
 - Educational setting
 - Alternative setting (non-custodial parent, respite care)
- Status of child's well-being:
 - Physical health
 - Learning and development: educational program attendance, progress, and IEP (if applicable)
 - Mental health needs (emotional development and behavioral functioning)
- Progress towards planning goals/outcomes, permanence goals, and court orders:
 - Tracking progress on achieving outcomes
 - Adjustment of strategies/intervention(s) when needed.
 - Life Skills Development and Independent Living Transition planning for youth aged 14 or older.
 - Opportunities to engage in age or developmentally appropriate activities following the Reasonable and Prudent Parent Standard.
- Family interactions and relationships:
 - Frequency of contact/communication
 - Type of contact/communication and with whom
 - Quality of contact/communication and with whom
- An opportunity to engage in private communications with the caseworker regarding the out-of-home placement and any other concerns.

Documentation

The caseworker's monthly face-to-face contacts with a child or juvenile must be documented in eWiSACWIS as a case note. The case note must include, at a minimum, the following information describing the face-to-face contact:

- Date, time, and duration of the visit
- Participants involved
- Location of the visit
- Type of contact
- Purpose of the contact
- Summary of the results of the contact

The Department or county department must document the information listed above in eWiSACWIS within 20 calendar days after the face-to-face contact with the child or juvenile, regardless of whether the visits were conducted by the Department or county department caseworker or his or her designee.

The "Quick Reference Guide" that provides direction about how to enter a case note to meet the Federal mandate on monthly case worker contacts with children and juveniles in out-of-home care in eWiSACWIS can be accessed electronically at the following link:

http://dcf.wisconsin.gov/wisacwis/knowledge_web/training/quick-ref-guides/quick-reference-guides.htm

Specific information about caseworker contact documentation is found under the "Documenting Monthly Caseworker Contacts" link in the Narrative Section.

For additional explanation and guidance regarding documentation of the use of shelter and secure detention settings, refer to the "Secure Detention and Shelter Care" sections of the Out-of-Home Placement Manual, located at:

http://dcf.wisconsin.gov/wisacwis/knowledge_web/training/placement-manual/plcm_manual.htm

Agencies using contracted staff to conduct face-to-face contacts with children and juveniles in out-of-home care should develop a process with those agencies to assure that the primary agency receives the information necessary to document the contacts as required above.

Children or Juveniles Missing from Out-of-Home Care

When the whereabouts of children or juveniles living in out-of-home care settings are unknown, the safety and well-being of those children or juveniles cannot be assured. When children or juveniles are missing from care, they are vulnerable to and at risk of additional emotional and physical trauma (e.g., sexual exploitation, drug abuse, or criminal activity). Thus, measures to locate the child or juvenile, communicate with critical individuals and agencies involved with the child or juvenile, and plan for the child's or juvenile's safe return must be made.

A child or juvenile is considered to be in "out-of-home care" if the agency has placement and care responsibility for the child or juvenile whether placed under a Voluntary Placement Agreement (under §. 48.63 or 938.63) or through a court order. This includes a child or juvenile who is placed by the agency with relatives or in court-ordered Kinship Care placements, whether or not payments are being made but the agency maintains placement and care responsibility. It does not include a child or juvenile who is living with relatives (or caregivers other than parents) but who is not under the placement and care responsibility of the agency. The placement types would include:

- Foster care
- Treatment foster care
- Court-ordered kinship care
- Group home care
- Residential care
- Supervised independent living
- Secure detention
- Shelter care when a Permanency Plan is required.

Out-of-home care also includes the period of time when a child is on a Trial Reunification. This does not include care provided in a secured correctional facility as defined under §. 938.02(15m), Stats. It also does not include juveniles who are receiving an in-home service of a 72-hour hold or a sanction at a shelter care facility.

Applicability

This standard applies to all cases in which a child or juvenile is living in an out-of-home care setting and the whereabouts of the child or juvenile are either unknown or the child or juvenile does not have permission to be away from the out-of-home care setting. This policy applies beginning at the point a child or juvenile is removed from his or her home and the Department or a county agency has placement and care responsibility.

Agencies must assure that all actions of either the agency or contracted provider staff comply with this policy.

An agency is considered to have the placement and care responsibility of a child or juvenile when the child or juvenile is removed from his or her home by the Department, an agency, or when a court enters an order placing a child or juvenile in out-of-home care, whichever occurs first (see DCF Memo Series 2007-13 “Placement and Care Responsibility Language in Court Orders”).

Purpose

The purpose of this policy is to:

- Define when a child or juvenile is missing from out-of-home care.
- Establish requirements for agency response when a child or juvenile is missing from out-of-home care.
- Establish requirements for documenting a child’s or juvenile’s missing status in eWiSACWIS.

Missing from Out-of-Home Care Defined

A child or juvenile is considered “missing from out-of-home care” when he or she is under the placement and care responsibility of the Department or a county agency, is living in an out-of-home care setting, and any of the following criteria are met:

- The child or juvenile is unaccounted for a period of time that cannot reasonably be justified by the child’s or juvenile’s age, maturity, or emotional capacity which shall not exceed eight hours.
- When efforts to locate the child or juvenile have been unsuccessful.
- When it is known or suspected that a child or juvenile has been taken by force or coercion.
- When the child or juvenile is in the company of an unauthorized person or located in an unauthorized place.

An out-of-home care provider does not have to wait eight hours to report a child or juvenile missing from out-of-home care. For young, disabled, or vulnerable children or juveniles, an unexplained absence for even a short period of time can be an alarming situation and might present significant child, juvenile, or community safety concerns.

The agency responsible for a child or juvenile placed in out-of-home-care must provide to the out-of-home care provider, upon placement, information relating to a child’s or juvenile’s history of being missing. The information must be updated to reflect any changes.

Confidentiality

Agencies must continue to abide by existing confidentiality standards when implementing this policy (Ref. §. 48.78, 938.78, 48.981(7), Stats.). Agency staff must assure that an out-of-home caregiver or respite provider understands confidentiality requirements as they pertain to children or juveniles missing from care.

Agencies may want to consult with their legal counsel when questions arise regarding confidentiality.

When implementing this policy, the confidentiality of the child or juvenile can be protected by obtaining necessary consents to release information.

Agency Coordination with Out-of-Home Care Providers and Other Caregivers

The agency must assure that the parent, out-of-home caregiver, respite provider, or parent or caregiver when a child is on a home visit or trial reunification understands his or her responsibility to contact an agency representative when a child in his or her care is determined to be missing.

Determining When a Child or Juvenile is Missing

The agency caseworker or representative must assess the situation by gathering information from the out-of-home care provider and other people involved with the case to determine if a child or juvenile is missing.

Responsibilities When a Child or Juvenile is Missing from Out-of-Home Care

Once the agency has determined that a child or juvenile is missing from out-of-home care, the agency must:

- Make efforts to immediately inform the following:
 - The parent/caregiver, legal custodian, and guardian.
 - The out-of-home care provider, if the child or juvenile was not with the provider when he or she went missing.
 - The Indian child's tribe, if applicable.
 - The appropriate Interstate Compact on the Placement of Children (ICPC) or Interstate Compact for Juveniles (ICJ) contact if a child or juvenile is placed in Wisconsin through the ICPC or ICJ.
- Assure that law enforcement has been notified that a child or juvenile is missing.
- Conduct and continue efforts to find the child or juvenile until the child or juvenile no longer meets the definition of missing in care.
- Continue to do Permanency Planning activities according to §. 48.38 and 938.38, Stats.
- Manage bed holds and provider payments.

Within three working days, the agency must document the child's or juvenile's missing episode in the child's or juvenile's Placement Status in eWiSACWIS once the child or juvenile has been missing for 24 hours.

Agencies must:

- Consult with their court officials (e.g., judges, district attorney, corporation counsel, state public defenders, Guardian ad Litem, etc.) to determine what information on children or juveniles who are missing from care should be shared and the timeframe for doing so.
- Establish policies regarding what actions will occur for ongoing efforts to find the child or juvenile.

An agency may also want to inform the child's or juvenile's school, mental health providers, legal representative, and other service providers working with the child or juvenile and family to coordinate efforts to locate the child or juvenile.

When agencies consult with court officials, agencies may wish to work with judges to include Children or Juveniles Missing from Care policies in the court's policies under §. 48.06(1)(a)2. and (2)(a) and 938.06(1)(a)2. and (2)(a), Stats.

Agencies have the ability to determine the continued efforts to search, as this will vary depending on the circumstances of the missing episode, the individual child or juvenile, and case plan. An agency should consider the following activities in searching for a child or juvenile who has been determined missing:

- Contact with the child's or juvenile's friends, relatives, or significant others for possible information about his or her whereabouts.
- Contact with the child's or juvenile's school if school is in session.
- If the child or juvenile has been missing before, contact any person the child or juvenile was found with or in the location the child or juvenile was located previously.
- Determine whether any of the child's or juvenile's friends or significant others are also missing; if so, whether their families or friends have additional information.
- Determine whether the child or juvenile or anyone taking the child or juvenile left any written information which may indicate where the child or juvenile has gone or been taken.

Responsibilities When a Child or Juvenile is No Longer Missing from Out-of-Home Care

Once the agency has determined the child or juvenile has been found and is again under the care and supervision of the agency, the agency must:

- Make efforts to immediately inform the following:
 - the parent/caregiver, legal custodian, and guardian,
 - the out-of-home care provider,
 - the Indian child's tribe, if applicable, and
 - the appropriate Interstate Compact on the Placement of Children (ICPC) or Interstate Compact for Juveniles (ICJ) contact if a child is placed in Wisconsin through the ICPC or ICJ.
- Verify that law enforcement has been notified of the child's or juvenile's return if the child or juvenile was listed as a missing person.
- Within three working days, the agency must document that the child or juvenile is no longer missing in the child's or juvenile's Placement status in eWiSACWIS.
- Manage bed holds and provider payments.
- Inform the court and court officials as specified in inter-agency policies or agreements.

Agencies should evaluate the child's or juvenile's need for treatment and services following an episode of being missing from care, which may include the following:

- Interview the child or juvenile about the missing episode and follow up on any safety or well-being concerns raised by the child or juvenile or his or her caregivers.
- Revise the Family Interaction Plan to consider any new safety concerns.
- Obtain any appropriate court restrictions to maintain the child or juvenile safely in out-of-home care.
- Seek any necessary medical care or counseling for the child or juvenile.
- Assist the child or juvenile in obtaining any educational materials necessary to catch the child up from the time he or she was considered missing if school was missed.
- Discuss planning for the prevention of future missing in care episodes with the child or juvenile and family team to ensure child or juvenile safety, community safety, permanence, and well-being.

Documentation

The following must be documented in the child's or juvenile's case record:

- The efforts to locate the child or juvenile, based upon information gathered.
- Notifications and efforts to notify the required individuals and entities that a child or juvenile is missing from out-of-home care.
- Continued efforts to search for a child or juvenile who is considered missing from out-of-home care.
- Notifications and efforts to notify the required individuals and entities that a child or juvenile is no longer considered missing from out-of-home care.

When a child or juvenile is considered missing from out-of-home care, the case shall not be closed just because the child or juvenile is missing from care. Any decision to close a case with an open court order for a child or juvenile who has not yet attained 18 years of age, or who has attained 18 years of age with an open court order, should be done in consultation with the agency's legal counsel.

The child's or juvenile's placement status must be updated within three working days, excluding holidays and weekends, when:

- The child or juvenile has been missing for 24 hours.
- The child or juvenile returns to out-of-home care.

Independent Living Transition to Discharge Plan

This policy establishes the requirements for caseworkers to create Independent Living Transition to Discharge (ILTD) plans for all youth who are in an out-of-home care placement and who have attained the age of 17 ½, thus expected to exit OHC at their 18th birthday or after.

Applicability

The requirement for an ILTD plan is required for all youth who are in an OHC placement and who have attained the age of 17 ½, thus are expected to exit from out-of-home care at age 18 or later. Planning for a youth's transition to discharge and independent living must begin six months prior to a youth's 18th birthday (at age 17 ½).

Child welfare agencies must assure all actions of either agency or contract providers comply with this policy.

Independent Living Transition to Discharge Plan Requirement

The Child Welfare agency must identify any services, persons, and other entities that will support the youth through the transition and beyond and must assist the youth to establish contact with such individuals, agencies, and service providers prior to discharge from out-of-home care. This includes (but is not limited to) efforts to assist the youth in reestablishing contacts with parents, former foster parents, or other persons significant to the youth.

Appropriate support and services should complement the youth's efforts to achieve self-sufficiency both prior to and upon discharge up to age 21. The plan must contain provisions to ensure that basic resources are in place for a youth who is transitioning to adulthood including, but not limited to:

- The youth's anticipated date of and age at discharge from out-of-home care.
- Obtaining and securing housing.
- Managing health care needs, including education about the importance of designating another individual to make health care treatment decisions on their behalf if the youth becomes unable to make such decisions and does not already have someone identified.
- Continuing education.
- Building a relationship or attachment to a supportive adult(s)/mentor(s).
- Employment services.
- Workforce support.
- Continuing necessary supportive services after leaving out-of-home care.
- Obtaining required essential documents including but not limited to an original birth certificate, state identification card, social security card and health and education records (refer to DCF Memo Series 2007 – 14).

See Appendix XI, page 281 for information to consider when addressing each of the required topics listed above.

ILTD Planning Meetings

ILTD planning meetings must begin at age 17 ½ and include the youth (unless developmentally unable to participate). Prior to the meeting the youth must be encouraged to identify individuals who could play a central role in the meeting. The focus of meeting is to identify and implement specific action steps in order to achieve the requirements of the ILTD plan.

The case manager should consider including individuals such as the child's parent or legal guardian, substitute caregiver, Court Appointed Special Advocate (CASA), attorney, service providers, and others the child determines are important individuals who can assist in the transition to independence.

Case Transition Requirements for Foster Care Independence Program for Youth Who Age Out of Care

It is imperative that youth, who have a relationship with their worker or agency's Independent Living Coordinator be transitioned to the regional Transition Resource Agency (TRA) in a way that is meaningful to them and supports/encourages future engagement with the TRA moving forward. The case transition requirements apply to youth aging out of care as well as those eligible youth who are no longer in out-of-home care and are under the age of 21 (or 23 if receiving ETV funding) as follows:

The case transition process for youth aging out of care takes place at age 17 ½ with development of the ILTD and includes:

- Preparing the TRA worker for the initial meeting with the youth by providing:
 - Name, date of birth, address and anticipated date of discharge.
- Sharing and understanding information and decisions related to ongoing case management services, particularly related to life skills development, independent living assessment and planning.
- Ensuring a clear understanding of formal and informal family supports.
- Identifying additional agency and community resources, services, and supports the youth has been involved in or would like to be involved in.
- Collaboration on the Independent Living to Transition to Discharge (ILTD) plan with TRA beginning at age 17 ½.
- TRA must become familiar with the youth, youth goals and accomplishments through discussions with the youth before the case can be fully transitioned.
- Once the case has been transitioned, and the youth ages out of care, the TRA will document (check box) on the youth's IL page in eWiSACWIS confirming transition of the case and full responsibility for providing services.

The case transition process for eligible youth not in care and under the age of 21 (or 23 for ETV program) includes:

- Preparing the TRA worker for the initial meeting with the youth by providing:
 - Name, date of birth, address
- Sharing and understanding information and decisions related to ongoing case management services, particularly related to life skills development, independent living assessment and planning.
- Ensuring a clear understanding of formal and informal family supports.
- Identifying additional agency and community resources, services, and supports the youth has been involved in or would like to be involved in.
- TRA must become familiar with the youth, youth goals and accomplishments through discussions before the case can be fully transitioned.
- Conduct at least one in-person case transition staffing for each youth as outlined above (or more as needed).

- Once the case has been transitioned, the TRA will document (via check box) on the youth's IL page in eWiSACWIS confirming transition of the case and full responsibility for providing services.

Preparing for Case Transition

The agency caseworker maintains responsibility for managing the case until the conclusion of the case transition staffing. This includes:

- Managing and overseeing creation and completion of the Independent Living Plan and ILTD plan.
- Ensuring all documentation of services and documents provided are completed and up-to-date on the youth's Independent Living page in eWiSACWIS.
- Facilitation of multiple opportunities for face-to-face staffing in order for youth to meet with the TRA during the months of December and January for the purpose of exchanging information, understanding of services available, and how to access them through the TRA.

The TRA worker should review the following prior to the case transition staffing:

- Most recent Independent Living Assessment
- Most recent Independent Living Transition plan and ILTD

Case Transition Staffing

For youth in out-of-home care, the case transition staffing should occur during the time of the development of the ILTD and no less than 90 days prior to a youth's aging out of care. At minimum, the case transition staffing must include both the agency worker (or Independent Living Coordinator), the TRA worker and the youth. For all youth (those in out-of-home care as well as eligible youth no longer in out-of-home care) the following must occur:

- The two agency workers must schedule a case transition staffing with the youth in a location comfortable and convenient for the youth.
- The following must be discussed at the case transition staffing:
 - Independent Living Transition plan and gaps in information, and decisions made.
 - Youth's needs, including a summary of medical, mental health, and school information, as available.
 - Whether a youth has been found to be an Indian child in accordance with the Wisconsin Indian Child Welfare Act (WICWA).
 - Review of Independent Living Assessment and Independent Living Plan (form DCF-F-CFS2256) and Independent Living Transition to Discharge Plan, if applicable, including discussion of the youth's future goals and services as well as how to access them provided by the TRA.

Applicability for youth in Extended Out-of-Home Care

For youth in extended out-of-home care Placement, the child welfare agency has the primary responsibility for ensuring permanency planning and life skills development opportunities. Agencies are encouraged to involve the TRA in development of Independent Living plans and activities along with the youth so that a relationship with the TRA is developed in the event that the youth decides to leave care earlier than anticipated.

Documentation

ILTD Plan

At age 17 ½, the primary caseworker will receive an eWiSACWIS tickler indicating that an Independent Living Transition to Discharge (ILTD) plan must be completed at the direction of the youth. ILTD planning meetings will then be arranged to develop a comprehensive plan that focuses on goals and activities for the successful transition of the youth from out-of-home care to independence. The agency will have 90 days to complete the plan and enter the goals and activities that will be accomplished within the 90 days prior to the youth's discharge date. The caseworker must document the determinations made during the ILTD meetings, which must be signed by the child (when the child is developmentally able to do so), the caseworker, and other involved individuals.

eWiSACWIS

The caseworker's supervisor should review the plan prior to documentation in the date field for the ILTD Plan in eWiSACWIS. Once the plan is approved (within 90 days of age 17 ½), the date should be entered under Independent Living Transition to Discharge Plan date field on the youth's IL page and documented in the services section of the Independent Living plan in eWiSACWIS. The ILTD goals and activities must be attached to the Permanency Plan for review at the next scheduled Permanency Hearing, scheduled at such a time when the youth can attend.

In the 90 days prior to discharge, completion of the activities identified in the plan must be documented in the services section of the independent living plan in eWiSACWIS, and be attached to the Permanency Plan for review at the next scheduled Permanency Hearing.

Extension of Out-of-Home Care

Introduction

Many youth who age out of the child welfare system are ill prepared to meet the demands of adulthood successfully. One factor that increases the probability of success is the attainment of a high school diploma. Due to these factors, extension of out-of-home care to assist youth in completion of their high school or equivalent is seen as an avenue in which child welfare can improve the current outcomes for youth in care.

It is important to recognize that if extension of out-of-home care is merely a continuation of existing practices, these youth are likely to reach the end of their time in care still ill-prepared for life on their own. Therefore, consideration must be given to how placement and services will serve the youth in a different and effective way after age 18. Supports and services should be structured in a way that is appealing and appropriate for a youth; providing the greatest amount of developmentally appropriate freedom that makes it possible to prepare them for adult decision making and responsibilities. Allowing them to learn from experiences and mistakes while providing a home that lends support and encouragement is a key principle during this period.

Applicability

This standard applies to all cases in which a child or juvenile (youth from here forward) is under the placement and care responsibility of a county agency or the Department and placed in a foster home, group home, or residential care center for children and youth, in the home of a relative other than a parent, or in a supervised independent living arrangement and for whom an Independent Living Transition to Discharge Plan is required. The agency or the Department must review the eligibility for the extension of out-of-home care for the youth.

The requirements under this policy are contained in the boxes.

Agencies must assure that all actions of either the agency or contracted provider staff comply with this policy.

An agency is considered to have the placement and care responsibility of a youth when the youth is removed from his or her home by the Department or an agency or when a court enters an order placing a youth in out-of-home care, whichever occurs first ([See DCFS Memo Series 2007-13 “Placement and Care Responsibility Language in Court Orders”](#)).

Eligibility for Extension of Out-of-Home Care Determination

Not less than 120 days before an out of home care order terminates, during the development of the Independent Living Transition to Discharge (ILTD) plan, the agency must determine and document if a youth meets the extension of out-of-home care eligibility requirements under s. 48.366 or 938.366 Wis. Stats. To meet the initial eligibility the youth must be:

- Expected to be in out-of-home care on their 18th birthday;
- A full-time student at a secondary school or its technical or vocational equivalent; and
- An individualized education program under WI Stat. s. 115.787 is in effect for the youth.

When a Youth is Determined to be Eligible

When it has been determined that the youth is eligible the agency must:

Conduct a face to face meeting with the youth to discuss:

- the options to remain in care along with the implications of each option,
- how to opt in and out,
- explain an extended order verses the voluntary-transition-to-independent-living agreement, and
- the requirements and expectations of remaining in care, the court process and the process to return should they choose to leave.

The youth may decide to:

- Continue under the out-of-home care order,
- Continue in out-of-home care under a voluntary-transition-to-independent-living agreement, or
- Request to be discharged from out-of-home care on termination of the order.

Youth Would Like to Extend on a Court Order

If a youth wishes to continue in out-of-home care, the caseworker must request an extension of the court order under s. 48.365 or 938.365 Wis. Stats.,.

Youth Would Like to Extend on a Voluntary Transition to Independent Living Agreement

If a youth wishes to continue under a voluntary-transition-to-independent-living agreement the agency and the youth shall enter into such an agreement on the form created by the Department ([DCF-F-5030-E](#)).

Voluntary-Transition-to-Independent-Living Agreement

Once it has been determined that a youth qualifies for and wants to enter into an extension of out-of-home care through a voluntary-transition-to-independent-living agreement the agency must enter into a written agreement with the youth or guardian if applicable.

The agency must provide a copy of the agreement to the youth and guardian if appropriate.

The voluntary-transition-to-independent-living agreement gives the agency placement and care responsibility for the youth and shall be documented on the form ([DCF-F-5030-E](#)) created by the department and shall include all of the following conditions:

- The youth is 18 years of age or over but under 21 years of age.
- The youth is a full-time student at a secondary school or its technical or vocational equivalent.
- There is an individualized education program under s. 115.787, Stats., in effect for the youth.
- The youth will participate in activities assigned by the agency to prepare the youth for independent living.
- The youth will comply with school attendance requirements in the youth's individualized education program under s. 115.787, Stats., school district policies, and truancy laws and ordinances.
- The youth will not be missing from his or her out-of-home care placement for more than 2 weeks without contact with the agency.
- When there is any change in the youth's circumstances that affects a provision of the voluntary transition-to-independent-living agreement the youth must notify the agency within 10 calendar days.
- A description of the terms upon which the agreement may terminate.

The agency may not add additional parameters to the agreement.

Documentation

The signed voluntary-transition-to-independent living agreement shall be scanned into eWiSACWIS under the legal documents.

The voluntary-transition-to-independent-living-agreement can remain effective as long as the youth remains eligible for extension of out-of-home care. If the youth or the youth's guardian on behalf of the youth wishes to terminate the agreement at any time during the term of the agreement, they may do so by notifying the agency in writing that he or she wishes to terminate the agreement.

Youth Would Like to Discharge from Out-of-Home Care At the Time of Initial Determination

If the youth indicates that he or she wishes to be discharged from out-of-home care on termination of the order, the agency shall request a Transition-to-Discharge hearing as soon as possible but no later than 30 days before the youth is expected to exit care.

Transition to Discharge Hearing

Within 30 days after receipt of the request, the court will hold the Transition-to-Discharge hearing. Not less than 3 days before the hearing, the agency requesting the hearing shall provide notice of the hearing to the youth, the parent, guardian, and legal custodian of that person, any foster parent or other physical custodian described in s. 48.62 (2) or 938.62 (2) of that person, that person's court-appointed special advocate, all parties who are bound by the dispositional order, and, if that person is an Indian child who has been removed from the home of his or her parent or Indian custodian, that person's Indian custodian and tribe.

At the hearing the court will review with the youth the options available through extending care.

- If the court determines that the person wishes to continue in out-of-home care under an extension of the order under s. 48.365 or 938.365 Wis. Stats, the court should order the extension in the hearing.
- If the court determines that the person wishes to continue in out-of-home care under a voluntary agreement under sub. (3), the court shall order the agency primarily responsible for providing placement and services to the youth under the order to enter into a voluntary independent living transition agreement.
- If the court determines that the youth understands that he or she may continue in out-of-home care, but wishes to be discharged from that care on termination of the order, the court shall advise the youth that he or she may enter into a voluntary agreement at any time before he or she is granted a high school or high school equivalency diploma or reaches 21 years of age, whichever occurs first, so long as he or she is a full-time student at a secondary school or its vocational or technical equivalent and an individualized education program is in effect for him or her.

The caseworker shall continue with Independent Living Transition to Discharge planning and must provide the youth contact information and a written process for returning to care under a voluntary transition to independent living agreement under DCF Ch. 21 Re-Entry into Out-of-Home Care for Youth 18 to 21 Admin. Code.

Documentation

The agency shall document the eligibility determination and the youth's decision in eWiSACWIS in the Independent Living Transition to Discharge Plan ([DCF-F-2549-E](#)).

Any youth who exited care at age 18 or over on or after 8/1/2014, who has not yet graduated high school, is in school full-time, has an active IEP and is under the age of 21 may be eligible to re-enter care under a voluntary-independent-living agreement under [Ch. DCF 21 Re-Entry into Out-of-Home Care for Youth 18 to 21 Admin. Code](#).

Sometimes youth change their minds or plans do not work out and a youth may need to re-enter out-of-home care after aging out.

Re-entry Process

Any youth who exited out-of-home care at age 18 or over on or after 8/1/2014, who has not yet graduated from high school, is in a secondary school or its vocational or technical equivalent program full-time, has an active IEP and is under the age of 21 may be eligible to re-enter care under a voluntary-independent-living agreement under [Ch. DCF 21 Re-Entry into Out-of-Home Care for Youth 18 to 21 Admin. Code](#).

The process by which eligibility for re-entry is determined and agency responsibilities are set forth in [Ch. DCF 21 Re-Entry into Out-of-Care for Youth 18 to 21 Admin. Code](#).

Documentation

All decisions related to a determination of eligibility for re-entry shall be documented in eWiSACWIS in the youth's Independent Living Transition to Discharge Plan form [DCF-F-2549-E](#)

Extending care and court jurisdiction beyond age 18 is a continuation of all components of placement and care responsibilities including maintaining safe and appropriate placements, permanency planning, permanency plan reviews and hearings, and life skills development and activities that will lead to a successful transition to adulthood.

Youth placed under a court order or voluntary-transition-to-independent living agreements will have the opportunity to remain in their current placement setting when feasible and appropriate as they plan for a gradual transition to a more independent living setting while completing their secondary education. Agencies should consider providing a graduated progression of structure and supervision to greater levels of freedom and independence and making placement decisions in partnership with the youth and based on their interests and desires. This allows the youth to move from a higher level of supervision to expanded independence while supporting placement stability.

Placement Options for Youth in Extended Out-of-Home Care

Youth placed under a court order or voluntary-transition-to-independent living agreement shall be placed in the following settings: the home of a relative, a Kinship Care provider, a foster home, a group home, a residential care center, a trial reunification, or in a supervised independent living placement.

Documentation

As required in the Ongoing Standards, all out-of-home care placements must be documented in eWiSACWIS within 5 days.

A Supervised Independent Living placement is defined in an additional policy.

Permanency Planning

All Permanency Planning requirements in [DSP Memo Series 2013-02](#): Ongoing Standards for a Child Welfare Out-of-Home Care Case apply to these cases, except, the parent assessment and service planning requirements of the permanency plan are no longer required for permanency planning.

For permanency, the focus intensifies on helping the youth find or re-establish family connections and supporting the youth in identifying other life-long connections to caring adults that they will need as adults. Intensive services designed to prepare youth for transitioning from out-of-home care to successful adulthood are continued through the Permanency Plan, Independent Living Plan, and the Independent Living Transition to Discharge Plan 90 days prior to leaving care.

Services

Extended care allows youth to continue in placement in order to facilitate a meaningful transition to independence while under supervision. Assessment and planning should be guided by the principle that youth in extension of out-of-home care are adults in many respects under the law with different needs and legal rights than younger children.

Services must have a positive youth development approach; allowing youth to make their own decisions and learn from their mistakes. Similar to foster care for youth under the age of 18, for youth over 18, placement should not be contingent on good behavior, but should help guide the youth to make appropriate decisions.

Case management activities must ensure life skill development, self-advocacy (empowering youth as the leaders and key decision makers regarding their future), fostering supportive relationships, and connecting youth to multiple community supports. Caseworkers and agencies must consider that the youth are now legal adults and their own guardian. The independent living services plan remains a significant aspect of the youth's permanency plan; as it is

imperative that a continuum of services leads to preparing youth for a healthy and productive adulthood upon discharge from care.

Components of Transition to Independent Living Programming

Extended care placements must include specific components to mindfully plan for the youth's transition to independence. The Components of Transition to Independent Living programming (Appendix XI) that must be included are:

- Development of basic self-sufficiency skills;
- housing stability;
- supports and resources to promote financial stability; and
- a cultivation of a sense of self-worth and understanding of healthy relationships.

Documentation

All independent living activities and accomplishments shall be documented on the services tab on the youth's Independent Living page in eWiSACWIS.

Independent Living Transition to Discharge Plan

- If the youth does not extend care the ILTD plan commences as outlined in [DSP Memo Series 2010 -14](#).
- If the youth remains in OHC through a court order or voluntary agreement, the ILTD must be completed indicating general goals, activities and timelines in the event that the youth decides to leave care prior to graduating or turning 21 years of age. Certain aspects do not apply such as signing up for Badger Care plus, while others, such as designating a health care power of attorney may.

Documentation

The caseworker must complete the activities of the ILTD as outlined in [DSP Memo Series 2010 -14](#) and document in eWiSACWIS within 90 days of graduation or the youth's 21st birthday, whichever occurs first.

Termination

Court Orders

Youth who are placed under a court order under the extension of out-of-home care may choose to later exit out-of-home care under the following circumstances:

- The conclusion of the terms of the court order.
- The youth attains the age of 21.
- The youth is no longer a full-time student at a secondary school or its technical or vocational equivalent.
- The youth is no longer the subject of an individualized education plan under s. 115.787 Wis. Stats.
- The youth may also request the order be terminated sooner if they no longer wish to remain in out-of-home care.

In the last instance the agency will need to make a request to the court to vacate the court order. The agency shall provide the youth with the process to re-enter care if they have not yet graduated or attained the age of 21 should they decide they want to re-enter care at a later date under a Voluntary Transition to Independent Living Agreement.

Voluntary Transition to Independent Living Agreements

A VTILA may terminate under the following circumstances as described in [Ch. DCF 21.07 Admin. Code](#):

- The conclusion of the terms of the agreement.
- The youth attains the age of 21.
- The youth is no longer a full-time student at a secondary school or its technical or vocational equivalent.
- The youth is no longer the subject of an individualized education plan under s. 115.787 Wis. Stats.
- The youth is missing from out-of-home care for more than two weeks.
- The youth may also request the agreement be terminated sooner if they no longer wish to remain in out-of-home care.
- Upon the death, marriage, or entry into military service if any of these occur before the other terms of the agreement are reached.

If the termination is based on the issue of noncompliance by the youth, the youth shall be provided an opportunity to actively participate in the development of a plan to address the concerns and if they demonstrate a willingness to comply with the plan that is developed the agreement shall not be terminated.

The agency shall provide the youth with the process to re-enter care if they have not yet graduated or attained the age of 21 should they decide they want to re-enter care at a later date under a new Voluntary Transition to Independent Living Agreement.

Appeals

The youth or their guardian may appeal the agency or department's decision to terminate the agreement as stated in Ch. DCF 21.08 Admin. Code. The request shall be sent to the director of the agency or his or her designee within 10 days after the date of the agency's notice of termination under s. DCF 21.07(3) Admin. Code.

Documentation

The decision to terminate the VTILA shall be documented in eWiSACWIS on a form created by the Department ([DCF-F- 5033](#)). As required in the Ongoing Standards, all out-of-home care placements or discharges from out-of-home care must be documented in eWiSACWIS within 5 days.

Components of a Transition to Independent Living Programming

- A. *Help youth develop basic self-sufficiency skills, so that they will transition to independence with the ability to access resources and services without the assistance of a caseworker at the completion of the program.*

The focus of this component is to cultivate:

1. A vision of a positive future within youth;
2. Self-advocacy, through an internal locus of control, an increased sense of personal responsibility, and confidence; and
3. Positive values-based decision-making.

Methods

1. Partner with youth in developing and updating his/her independent living plan; covering the major life domains such as education, employment, housing, finances, family, and community. Effective planning is created at the direction of the youth in order to reinforce responsibility for success and a sense of ownership in the future. Planning includes goal setting, identification of action steps, check-in meetings, celebration ceremonies (for accomplishments), and everyday opportunities to interact with caring adults. Youth also determine how discharge or transition from the program should take place.
2. Partner with youth to help him/her identify needs and how to access services, facilitating connections and access to community resources as appropriate. Focus areas include:
 - a. Knowledge of Health Care: Includes general physical health, medication management, wellness planning (e.g., immunizations, nutrition, obesity, exercise, etc.), dental health, vision and hearing screening and care, mental health care, and violence prevention (e.g., healthy relationships, domestic violence prevention, gang violence prevention, etc.); and sexual and reproductive health. Work with the youth to document health history of parents, secure access to health insurance coverage and identify a health care proxy.
 - b. Knowledge of Life Skills: Life-skills training includes the basics of self-sufficiency and responsible living within the community. Skills include soft skills such as time and stress management, decision-making, coping, multitasking, and prioritizing; as well as hard skills such as: cooking, budgeting, banking, employment search, parenting, laundry, and grocery shopping.
 - c. Provide peer learning opportunities and support that recognizes the youth as an individual, incorporating her/his developmental needs. Allow youth opportunities to “fail safely” by providing allowances for youth to make mistakes and learn from those experiences, with natural and logical

consequences that enable them to correct mistakes while remaining in the placement.

- d. Well-being: Facilitate access to education and employment supports, affordable transportation, socialization, community endeavors and access to spiritual resources as desired.

B. Housing Stability: Facilitate attainment of safe, stable and affordable housing support and resources that promote continued housing stability and independent living upon completion of the program.

1. Exploration of safe and affordable housing.
 - a. Creating a budget for future housing.
 - b. Decision making: Listing pros and cons of different living environments, of having roommates, location, etc.
 - c. Practice looking for housing in the newspaper and completing rental applications.
 - d. Practice looking at apartments and meeting with landlord.
2. To accomplish this for Supervised Independent Living placements need to facilitate:
 - a. Financial support and/or access to financial support (e.g., assistance, vouchers, etc.).
 - b. Housing navigation to locate safe, appropriate housing; providing a variety of options (e.g., group homes, scattered sites, etc.) to meet the needs of individual youth;
 - c. Varied levels of supervision and structure to facilitate the experience of living independently while still in contact with caring, supportive adults;
 - d. Assistance with moving, setting up and maintaining utilities, and access to and/or provision of basic supplies, furnishings, and supplies for children;
 - e. Education and advocacy regarding landlord/tenant rights and laws;
 - f. Communication and conflict resolution with landlord when needed to prevent eviction;
 - g. Education on leasing options and legal rights when roommates are involved;
 - h. Tenant lease compliance (including on time rental payment), safe housing maintenance, and cleanliness;
 - i. Access to education and employment supports that are critical for maintaining safe and stable housing (i.e.: safe, affordable and reliable transportation);
 - j. Uninterrupted, continued housing stability at completion of program by:
 - i. Offering youth the opportunity to keep all furnishings and to stay in current housing or
 - ii. Transitioning youth to a new stable housing situation, and provide assistance with securing furnishings and moving;
 - iii. Providing access to emergency funds (i.e., first/ last month's rent, utility deposits, utilities) if needed; and
 - iv. Helping to set housing goals and educate about the possibility of home ownership; and first time home buyer programs.

C. Supports and Resources to Promote Financial Stability:

Help youth to work toward financial stability by facilitating financial literacy, educational attainment and employment at a livable wage by:

1. Facilitating access to education supports:
 - a. Work with youth to develop education and career plan with long-term and short-term goals and track progress toward attainment of those goals;
 - b. Provide exposure to a range of postsecondary education options and career paths, resources, services, access and support cultivating a positive attitude toward education;
 - c. Help youth complete high school or earn a GED;
 - d. Facilitate access to tutors or a structured learning program; and/or contact person for vulnerable youth, on campus;
 - e. Facilitate access to job training, technical internships, and/or voluntary services;
 - f. Help youth develop a financial plan for education and access financial support.
2. Facilitate access to employment supports in order to help youth attain and maintain sustainable employment, with a steady income at a livable wage.
 - a. Facilitate access to an employment liaison, job coach, and/or connections to employers and/or mentors to cultivate development of hard and soft skills (e.g., interviewing skills, professional attire, resume-writing, time management, etc.).
 - b. Assist youth in maintaining employment obtained by providing mentoring mediation when needed, thus trouble-shooting prior to issues developing.
 - c. Facilitate access to publicly funded programs, including food stamps, WIC, and support for health care, etc.
3. Money Management:
 - a. Provide education to increase knowledge and skills related to financial literacy through educating youth on credit cards, opening/maintaining savings and checking account;
 - b. Take field trips with the youth to a local bank;
 - c. Practice budgeting and shopping for groceries, household goods and clothing and paying bills;
 - d. Review pay stubs;
 - e. Develop short-term and long-term financial goals with youth;
 - f. Help youth secure needed documents; conduct a credit check;
 - g. For youth who are parents, facilitate access to legal assistance;
 - h. Educate youth on child support laws and how to access child support when necessary;
 - i. If needed, provide information on expunging juvenile records.

4. Facilitate access to education and employment supports; safe, stable, and affordable child care and transportation, as these services play a role in being able to maintain healthy relationships and stability.

D. Cultivate a sense of self-worth and right to healthy relationships

1. The spectrum of relationships include: peers, family, partners, neighbors, community, professionals, landlords, their child's other parent, etc.
 - a. Provide education to develop an understanding of healthy relationships and educate youth to identify abuse, neglect, and trauma;
 - b. Help youth develop communication, and conflict resolution skills; provide anger and stress management counseling and mental health services as appropriate, negotiate healthy relationships;
 - c. For those with children, facilitate access to couples' counseling and co-parenting classes to keep the other parent engaged;
 - d. Help youth to develop an understanding of the importance of setting boundaries with her/his family.
2. Facilitate development of a positive social network; cultivating supportive relationships with family or family-like individuals; establish relationships with a healthy peer network, mentors, caring adults, family connection with appropriate boundaries; social resources to call upon when needed.
3. Continue to consider opportunities for legal permanence.

Supervised Independent Living

Introduction

Supervised Independent Living (SIL) is a highly integrated system of living arrangements and professional services that provides youth ages 17-21 a safe place to live, 24-hour access to supportive adults, and connections to community resources. SIL helps youth develop necessary skills and secure resources needed to maintain housing throughout adulthood. SIL is a combination of independent placements and programming.

Caseworkers play a critical role in SIL programs, assessing youth as individuals so that their unique needs may be met most effectively. Flexibility, individualization, nurturing, guidance through positive role modeling, and consistent coordination by a professional are key elements.

SIL programming should facilitate collaborative partnerships in the community in order to support youth's access to needed services and resources as they learn to live on their own. Listed below are critical components that provide a skill-building foundation to help youth develop self-sufficiency so they become successful and productive adults. The Components include: self-sufficiency, housing stability, financial stability, self-worth, and healthy relationships. Programs that incorporate these components are more likely to achieve desired outcomes. Components are complementary and together make up the foundation of an SIL program that promotes successful transitions.

Applicability

This Standard applies to when a county or the Department places a youth into a Supervised Independent Living placement and the programmatic requirements of this placement setting.

Agencies must assure all actions of either agency or contracted provider staff complies with this policy.

Supervised Independent Living Placements

Definition of a Supervised Independent Living Placement

A Supervised Independent Living placement offers 17- to 21-year-olds, who are placed through a court ordered or Voluntary Transition to Independent Living Agreement into out-of-home care with "Placement and Care Responsibility" through a county or the Department which provides the youth the ability to live in their own (or shared) apartment, flat or room with supervision, support and monitoring from a caseworker and/or provider from a contracted agency.

The agency with placement and care responsibility is responsible for supervision of the youth, maintains case management, and any associated ongoing services for the duration of the court order or Voluntary Transition to Independent Living Agreement. In addition, the agency provides financial assistance when needed.

Supervisory contact with the youth can range from moderate (2-3 times a week based on stability of the youth and the length of time the youth has been involved in Supervised Independent Living) to intense (where daily contact with the youth is necessary for a successful placement).

Acceptable Arrangements for Supervised Independent Living Placements

	Apartment, Shared Housing	Apartment, Scattered Site Housing	Tenant, Room in a house
Service Description	A supervised apartment program in which the contractor owns/operates the apartment complex and provides supervision and support to youth living semi-independently. Youth may live with a roommate approved by the agency (another youth in the program, a sibling, their minor child or an approved adult by the agency).	An independent apartment program in which the youth or the provider leases the apartment, the youth lives independently with decreasing levels of supervision and support from the provider. Youth may live with a roommate approved by the agency (another youth in the program, a sibling, their minor child or an approved adult by the agency).	An independent apartment program in which the youth leases a room in a house from a landlord/homeowner. The youth lives independently with decreasing levels of supervision and support. A tenant is defined as a person who owns their home and leases to the youth and is not a parent or a relative.
Facility Type	Apartment building/block(s) of apartments in single building(s) or dorm-like The youth must have their own bedroom with a lock, access to kitchen and bathroom facilities 24/7, and access to the home 24/7.	Scattered-site apartments. The youth must have their own bedroom with a lock, access to kitchen and bathroom facilities 24/7, and access to the home 24/7.	Room in a house. The youth must have their own bedroom with a lock, access to kitchen and bathroom facilities 24/7, and access to the home 24/7.
Age Range	17 – 21	17 - 21	18 – 21
Number of Beds in unit & Requirements	Standard: 1 Optional: 2 or more, depending on youth circumstances; requires provider, agency, and	Standard: 1 Optional: 2 or more, depending on youth circumstances; requires provider, agency, and	Standard: 1 Optional: 2-3, depending on youth circumstances; requires provider,

for Placement(s)	supervisor approval prior to placement. Age differential not to exceed 4 years without written approval of the placing agency.	supervisor approval prior to placement. Age differential not to exceed 4 years without written approval of the placing agency.	agency, and supervisor approval prior to placement. Age differential not to exceed 4 years without written approval of the placing agency.
Municipal Permit Requirements	Provider must obtain and present all required municipal permits and licenses for each facility; requirements vary by location. Home and bedroom must meet all building codes and municipal ordinances.	Provider must obtain and present all required municipal permits and licenses for each apartment location; requirements vary by location. Home and bedroom must meet all building codes and municipal ordinances.	Home and bedroom must meet all building codes and municipal ordinances.
Supervision & Staffing Requirements	On-site staff available 24 hours per day in person or by phone.	Off-site staff available 24 hours per day by phone.	Supervision and service requirements are the responsibility of the placing agency.
Contact Requirements	<p>The provider is required to have a written contact policy that specifies the number, type, frequency, and content of regularly scheduled and random announced and unannounced contacts with the youth and visits to the youth's apartment.</p> <p>The contact policy and procedure must require minimum contacts with the youth in a number, type, frequency, and content sufficient to support the core components of Supervised Independent Living listed below.</p>	<p>The provider is required to have a written contact policy that specifies the number, type, frequency, and content of regularly scheduled and random announced and unannounced contacts with the youth and visits to the youth's apartment.</p> <p>The contact policy and procedure must require minimum contacts with the youth in a number, type, frequency, and content sufficient to support the core components of Supervised Independent Living listed below.</p>	<p>The provider is required to have a written contact policy that specifies the number, type, frequency, and content of regularly scheduled contacts with the youth and visits to the youth's apartment.</p> <p>The contact policy and procedure must require minimum contacts with the youth in a number, type, frequency, and content sufficient to support the core components of Supervised Independent Living listed below.</p>

When determining if a youth can share a room or apartment with another individual the agency minimally should consider physically and sexually aggressive behaviors, the backgrounds of the individuals and whether or not the youth wishes to have a roommate.

Agencies placing youth into Supervised Independent Living are encouraged to develop agreements specific to this placement setting. Sample agreements and guidelines are included in the Appendix XII, starting on page 283:

- Supervised Independent Living Client Agreement,
- Personal Safety Agreement, and
- Guidelines for a Shared Living Agreement.

It is important for the youth, the agency, and any roommate to have a shared understanding of the expectations to avert issues before they arise.

Components of Transition to Independent Living Programming

Extended care placements must include specific components to mindfully plan for the youth's transition to independence. The Components of Transition to Independent Living programming (Appendix D) that must be included are:

- development of basic self-sufficiency skills;
- housing stability;
- supports and resources to promote financial stability; and
- a cultivation of a sense of self-worth and understanding of healthy relationships.

Supervised Independent Living Placement Payment Structure

Supervised Independent Living (SIL) rates must be separated into two categories (maintenance and administrative), and determined separately.

Maintenance Payments

Title IV-E (section 475(4) of the Social Security Act) allows maintenance payments to "... cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child and reasonable travel to the child's home for visitation and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement."

When setting an appropriate monthly SIL maintenance rate for a child, the county or Department shall complete the Supervised Independent Living Rate Setting form ([DCF-F-5031-E](#)), and may include the following cost categories:

- Rent
- Renter's Insurance

- Food Budget
 - Furnishings
 - Household Supplies
 - Utilities (Electricity, Heat, Water and Sewer)
 - Telephone
 - Clothing
 - School Supplies
 - Travel to School
 - Travel to Family Interaction
 - Personal Incidentals
 - Other
- Daily Supervision may be included if a private agency is providing supervision for the placing county, DMCPS or the Department, this is would be an administrative cost and cannot be included if the placing county, DMCPS or the Department is the one providing the supervision to the SIL placement.

The county or Department may enter costs into a category labeled “Other”, but those costs will not be IV-E reimbursable.

The county or Department are not to exceed a monthly maintenance rate of \$3,000 and rates are to be based on actual costs. If a youth shares an apartment with another individual, the costs shall be distributed among the occupants commensurate with their portion of the total amount and must be re-determined if an additional occupant moves into a shared space if the costs are not already based on a proportion of the total amount.

The manner in which the maintenance payment is distributed is at the discretion of the agency or Department, on a case by case basis. If a county or Department determines that a contracted supervising agency should be paid the maintenance rate, that contracted supervising agency must act as a pass through, and cannot keep any funding from a child’s maintenance rate. The maintenance payment may be made as one payment to the youth or as multiple payments to vendors and to the youth.

Documentation

The Supervised Independent Living Rate Setting must be documented in the youth’s eWiSACWIS record within 30 days of the youth’s placement. Until the worksheet is imbedded into eWiSACWIS, [DCF-F-5031-E](#) is required to be scanned and placed under the images icon in the child’s eWiSACWIS record.

The Supervised Independent Living Placement must be documented in eWiSACWIS within 5 days as required in the Ongoing Standards (p. 158).

Reasonable and Prudent Parent Standard to Promote Normalcy

Children and youth in out-of-home care have the right to have a normal childhood and adolescence. It is the responsibility of those involved in their lives to create as much normalcy as possible. Normalcy is the ability to easily engage in healthy and developmentally appropriate activities that promote well-being such as social, scholastic, and enrichment activities. Laws, policies, guidelines, and rules should not act as barriers and restrict normal and appropriate activities of children or youth in out-of-home care, or require difficult and lengthy approval processes. Age and developmentally appropriate activities, such as birthday parties, having a part-time job, or recreational activities, which should be considered normal for any child, should be decisions that an out-of-home care provider can make for a child in their care. The agency with placement and care responsibility shall ensure that out-of-home care providers are using the Reasonable and Prudent Parent Standard in order to work through decision making barriers to promote normalcy for the child.

A child or juvenile is considered to be in “out-of-home care” if the agency has placement and care responsibility for the child or juvenile whether placed under a voluntary placement agreement (under §. 48.63 or 938.63) or through a court order. This includes a child or juvenile who is placed by the agency with relatives or in court-ordered Kinship Care placements, whether or not payments are being made but the agency maintains placement and care responsibility. It does not include a child or juvenile who is living with relatives (or caregivers other than parents) but who is not under the placement and care responsibility of the agency. The placement types would include:

- Unlicensed relatives and non-relatives,
- Foster Homes,
- Court-ordered Kinship Care,
- Group Homes,
- Residential Care Centers,
- Shelter care.

This does not include care provided in a secured correctional facility as defined under § 938.02(15m), Stats. It also does not include juveniles who are receiving an in-home service of a 72-hour hold or a sanction at a shelter care facility.

Applicability

This Standard applies to out-of-home care providers with whom a child is placed in their care. For the purposes of the Reasonable and Prudent Parent Standard, out-of-home care provider includes:

- Foster parents,
- Unlicensed relatives,
- Unlicensed non-relatives,
- The operator or designee of a group home, residential care center for children and youth, and shelter care facility.

For group homes, residential care centers, and shelter care facilities, the licensee or authorized representative, or a staff member of that home, center, or facility shall have designated authority to make reasonable and prudent parenting decisions concerning a child's participation in age or developmentally appropriate activities on site.

Foster care licensing agencies, the agency with placement and care responsibility, and group homes, residential care centers, and shelter care facilities must ensure that all applicable out-of-home care providers comply with this standard.

An agency is considered to have the placement and care responsibility of a youth when the youth is removed from his or her home by the Department or an agency or when a court enters an order placing a youth in out-of-home care, whichever occurs first ([See DCFS Memo Series 2007-13 "Placement and Care Responsibility Language in Court Orders"](#)).

Purpose

The purpose of this policy is to:

- Define the Reasonable and Prudent Parent Standard.
- Establish requirements and parameters for out-of-home care providers to use the Reasonable and Prudent Parent Standard.
- Establish requirements for caseworkers to ensure out-of-home care providers use the Reasonable and Prudent Parent Standard for children under their "Placement and Care Responsibility".

Establish requirements for documenting the use of the Reasonable and Prudent Parent Standard in eWiSACWIS.

The intent of the Reasonable and Prudent Parent Standard is to establish normalcy for children in out-of-home care while still keeping the health, safety, and best interests of the child as the priority. This standard allows children to:

- Pursue their interests,
- Participate in activities like their peers,
- Build skills for their future and transition to successful adulthood.

All children and youth test boundaries and break rules. Caregiver oversight and guidance while allowing children and youth to participate in age and developmentally appropriate activities will allow them to learn natural consequences and how to make positive choices. Many children and

youth in out-of-home care have experienced some form of trauma, and need additional support with emotional development, well-being, and understanding social cues. Some children and youth may need more support and guidance to engage in activities similar to their peers.

Reasonable and Prudent Parent Standard Defined

The Reasonable and Prudent Parent Standard is a standard for an out-of-home care provider making decisions concerning a child's participation in age or developmentally appropriate extra-curricular, enrichment, cultural, and social activities that is characterized by careful and sensible parental decisions that maintain the health, safety, cultural, religious or tribal considerations, and the best interests of the child while at the same time encouraging the emotional and developmental growth of the child.

Age or developmentally appropriate activities; means activities that are generally accepted as suitable for children of a given chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the cognitive, emotional, physical, and behavioral capacities that are typical for children of a given age or age group, or in the case of a specific child, activities that are suitable for the child based on the cognitive, emotional, physical, and behavioral capacities of that child.

The application of the Reasonable and Prudent Parent Standard may include:

- Granting permission to participate in sports, field trips, overnight and other recreational activities.
- Signing of permission slips and the arrangement of transportation to and from these activities.
- Making decisions regarding a child's choices with respect to transportation, employment, peer relationships, and personal expression.

Reasonable and prudent parenting decisions may not violate existing court orders or rulings, or other services that are a part of the child's permanency plan, including, but not limited to:

- Court-ordered family interaction,
- Medical approvals/other medical laws
- Medication authorizations or approvals
- Confidentiality laws
- Educational-related decisions based on statute.

If an activity that promotes normalcy coincides with a scheduled family interaction, therapy, or related schedule, the out-of-home care provider shall consult with the child's caseworker about the activity and whether the activity can be accommodated.

In order to ensure the health, safety, and best interests of the child, out-of-home care providers may only make reasonable and prudent parenting decisions and provide permissions if they and the child have the necessary training and safety equipment to safely engage in that activity.

Reasonable and Prudent Parent Standard Requirements and Parameters

All out-of-home care providers are required to encourage activities which promote normalcy by using the Reasonable and Prudent Parent Standard. Decisions to allow a child to participate in an age and developmentally appropriate activity must be based on the individual child and the specific situation, and/or activity

When making a decision using the Reasonable and Prudent Parent Standard, out-of-home care providers shall, at a minimum, consider the following:

- Child specific considerations:
 - The child's wishes
 - When appropriate, the out-of-home care provider shall discuss participation in age and developmentally appropriate activities with the child.
 - The age, maturity, and development of the child,
 - Whether the activity is in the best interest of the child,
 - The child's behavioral history,
 - Court orders and other legal considerations for the child,
 - Cultural, religious, and tribal considerations of the child and the child's family;
 - There may be situations in which the child and parent/legal guardian have different cultural, religions, or tribal beliefs. In these situations, it is ultimately up to the agency with placement and care responsibility to make decisions regarding the child's care.
- Activity specific considerations:
 - Any potential risk factors of the situation;
 - How the activity will help the child grow;
 - Whether the activity will encourage a family-like living experience;
- Other considerations:
 - Other information obtained from the parent/guardian;
 - Out-of-home care providers are not required to call or consult with the parent/guardian for every individual decision for a child. Information regarding a parent/guardian's wishes, input, and values should be gathered through shared parenting and child/family team meetings.
 - The restrictiveness of the setting.
 - Group homes, residential care centers, and shelter care facilities shall consider staffing ratios and the agency's ability to allow youth to participate in age and developmentally appropriate activities with the number of staff at the agency at any given time.
 - Additional safety concerns for the child, other residents in the home or facility, and community safety shall be taken into consideration.

Allowing the child to be involved in the decisions about their participation in normalcy activities allows the child to develop life skills and empowers children to be involved in their own planning. Children may have a different opinion about whether an activity is appropriate or in their best interest. Out-of-home care providers maintain the ability to say "no" to an activity a child would like to participate in, as long as it is a reasonable and prudent parenting decision.

Tribal considerations cannot be made if the out-of-home care provider does not have access to information about the values and beliefs of the child's tribe. This information and how it impacts an out-of-home care provider's decision making is often best understood by consulting directly with a child's tribe. Agencies with placement and care responsibility should consider this when discussing tribal considerations with an out-of-home care provider, and incorporate normalcy into discussions when collaborating with tribes.

Training Requirements

In order to apply the Reasonable and Prudent Parent Standard, out-of-home care providers must be trained in the knowledge and skills related to the application of the Reasonable and Prudent Parent Standard, which includes:

- Knowledge and skills relating to the stages in the development of cognitive, emotional, physical, and behavioral capacities of children.
- Knowledge and skills relating to a child's age and developmentally appropriate participation in extracurricular, enrichment, cultural, or social activities such as:
 - Sports, field trips, overnight and other recreational activities.
 - Signing of permission slips and the arrangement of transportation to and from these activities.
 - A child's choices with respect to transportation, employment, peer relationships, and personal expression.

Out-of-home care providers shall receive this training prior to using the Reasonable and Prudent Parent Standard to make decisions to promote normalcy for the child. Licensed out-of-home care providers shall be trained in the Reasonable and Prudent Parent Standard prior to taking placements. Unlicensed providers shall be trained as soon as possible after taking placement of a child.

Agency responsibility for training:

- Foster care licensing agencies are responsible for ensuring that licensed foster homes are trained.
- Agencies with placement and care responsibility are responsible for ensuring that unlicensed providers are trained.
- Shelter Care Facilities, Group Homes, and Residential Care Centers are responsible for ensuring that the licensees, authorized representatives, and/or designees are trained.

Agencies with placement and care responsibility should develop a processes and policies to set requirements regarding training unlicensed out-of-home care providers. This process should set timeframes for training these providers and who is responsible for ensuring that providers are trained timely.

Confidentiality

Agencies and out-of-home care providers must continue to abide by existing confidentiality standards when implementing this policy (Ref. §. 48.78, 938.78, 48.981(7), Stats.). Agency staff shall ensure that an out-of-home care provider understands confidentiality requirements as they pertain to applying the Reasonable and Prudent Parent Standard.

Agencies may want to consult with their legal counsel when questions arise regarding confidentiality.

Agency Responsibilities

The agency with placement and care responsibility shall gather and prepare child specific information to provide to the out-of-home care provider at the time of placement. When preparing child specific information to provide to the out-of-home care provider, the agency with placement and care responsibility, if reasonable and appropriate, shall:

- Consult with the child's biological parents/guardian regarding considerations related to the child's participation in age and developmentally appropriate activities. This should include the child and family's religious, cultural, and tribal beliefs.
- Explain to the parent or guardian that their values will be considered in making reasonable and prudent parenting decisions, but will not necessarily be the deciding factor in making decisions on the child's participation in age and developmentally appropriate activities.
- Consult with the child or youth at the time of placement to understand and take into account, when feasible and appropriate, their wishes when applying the Reasonable and Prudent Parent Standard.

The agency with placement and care responsibility shall document the child specific information that was gathered on form [DCF-F-5089, Considerations for Reasonable and Prudent Parenting](#).

At the time of placement with an out-of-home care provider, the agency with placement and care responsibility must discuss the Reasonable and Prudent Parent Standard and child specific considerations, documented on form DCF-F-5089, Considerations for Reasonable and Prudent Parenting, with the out-of-home care provider. The agency must discuss:

- That the out-of-home care provider shall apply the Reasonable and Prudent Parent Standard in making decisions concerning a child's participation in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities.
- That the out-of-home care provider shall consider whether the child has the necessary training and safety equipment to safely participate in the activity under consideration.
- That the out-of-home care provider may not make any decision that is in violation of any court order or any state or federal law, rule, or regulation.
- That in the case of any disagreement over the application of the Reasonable and Prudent Parent Standard, the agency is ultimately responsible for decisions concerning the care of the child.
- Documentation on child specific information about the child that shall be considered when making reasonable and prudent parenting decisions to allow the child to engage in age and developmentally appropriate activities.

When discussing the Reasonable and Prudent Parent Standard with the out-of-home care provider, the agency with placement and care responsibility may use the [Reasonable and Prudent Parent Standard Brochure, DCF-P-5105](#), the Promoting Normalcy: Reasonable and Prudent Parent Standard Frequently Asked Questions handout, as well as the Promoting Normalcy: Applying the Reasonable and Prudent Parent Standard handout as discussion tools.

The agency with placement and care responsibility must continue to provide updated information regarding considerations for reasonable and prudent parenting decisions for the child throughout the child's placement through child and family team meetings.

In preparation or revision of the child's permanency plan, the agency must:

- Consult with the child's biological parents/guardian and the child, if appropriate, regarding considerations related to the child's participation in age and developmentally appropriate activities. This should include the child and family's religious, cultural, and tribal beliefs.
- Consult with the child or youth about their opportunities to participate in age or developmentally appropriate activities.
- Discuss the Reasonable and Prudent Parent Standard requirements with the out-of-home care provider
- Evaluate if the child has regular, ongoing opportunities to engage in age and developmentally appropriate extracurricular, cultural, and social activities.

If there is a disagreement over the application of the Reasonable and Prudent Parent Standard, the agency with placement and care responsibility is ultimately responsible for the decisions concerning the care of the child. Disagreements regarding the application of the Reasonable and Prudent Parent Standard to allow a child or youth to participate in age or developmentally appropriate activities shall not act as a barrier to normalcy. The agency with placement and care responsibility shall work with any other agencies involved, such as the licensing agency, to gather information about the situation. The agency shall take all relevant information about the situation, including the out-of-home care provider's decision making process, the out-of-home care provider's wishes, the birth parent/legal guardian's wishes, the child's wishes, cultural and tribal beliefs, and case details, into consideration to make a decision that is in the best interest of the child.

As a child grows and develops, activities that are age and developmentally appropriate for the child change. Thus, as a case progresses, reasonable and prudent parenting decisions for an individual child will need to be adjusted. Agencies should regularly communicate with out-of-home care providers about changes in the considerations that should be taken when applying the Reasonable and Prudent Parent Standard for an individual child.

Documentation

Caseworkers are required to document:

- Whether the agency provided information to the out-of-home care provider for consideration in making reasonable and prudent parenting decisions specific to the child.
- Efforts made by the agency to ensure that the child has regular, ongoing opportunities to engage in age or developmentally appropriate activities determined in accordance with the reasonable and prudent parent standard in the out-of-home care placement, which includes consulting with the child in an age appropriate manner.

APPENDICES

Appendix I

Wisconsin Indian Child Welfare Act Desk Aid

Fundamentals of Implementation

The State of Wisconsin codified the Federal Indian Child Welfare Act into Chapters 48 and 938 in 2009. The following information provides a basic guideline for implementation of the Wisconsin Indian Child Welfare Act (WICWA).

What is ICWA?

ICWA is the federal Indian Child Welfare Act of 1978 (Public Law 95-608). The Act seeks to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families.

What is WICWA?

WICWA is the Wisconsin version of ICWA as codified into Wisconsin statutes. 2009 Wisconsin Act 94, which was the codification, was signed by Gov. Jim Doyle on December 7, 2009 and became effective on December 22, 2009. The Wisconsin law essentially mirrors the ICWA and implements the minimum standards referenced in ICWA.

Who is an Indian child?

An Indian child is a person under the age of 18 who is affiliated with an Indian tribe as

- 1) a member of the tribe or
- 2) A person who is eligible for membership in an Indian tribe and who is the biological child of a member of an Indian tribe.

The tribe in which the child is a member or eligible for membership need not be the same tribe in which the parent is a member. [Ref. s. 48.02(8g); s. 938.02(8g)]

What is a “child custody proceeding”?

A child custody proceeding means any proceeding under Ch. 48 (i.e., CHIPS) and certain proceedings under Ch. 938 (i.e., JIPS) which could result in the out-of-home care or adoptive placement of an Indian child or termination of the parental rights to the Indian child. A child custody proceeding does **not** include a family proceeding under Ch. 767 (e.g., divorce proceedings) or actions related to delinquency acts under Ch. 938. [Ref. s. 48.028(2)(d); s. 938.028(2)(b)]

Does WICWA apply to Ch. 938 cases?

It does apply to certain JIPS cases under s. 938.13. Specifically, WICWA applies to juvenile custody proceedings for juveniles who are:

- o Uncontrollable (s. 938.13(4))
- o Habitually truant (s. 938.13(6))
- o School dropouts (s. 938.13(6m))
- o Habitual runaways (s. 938.13(7))

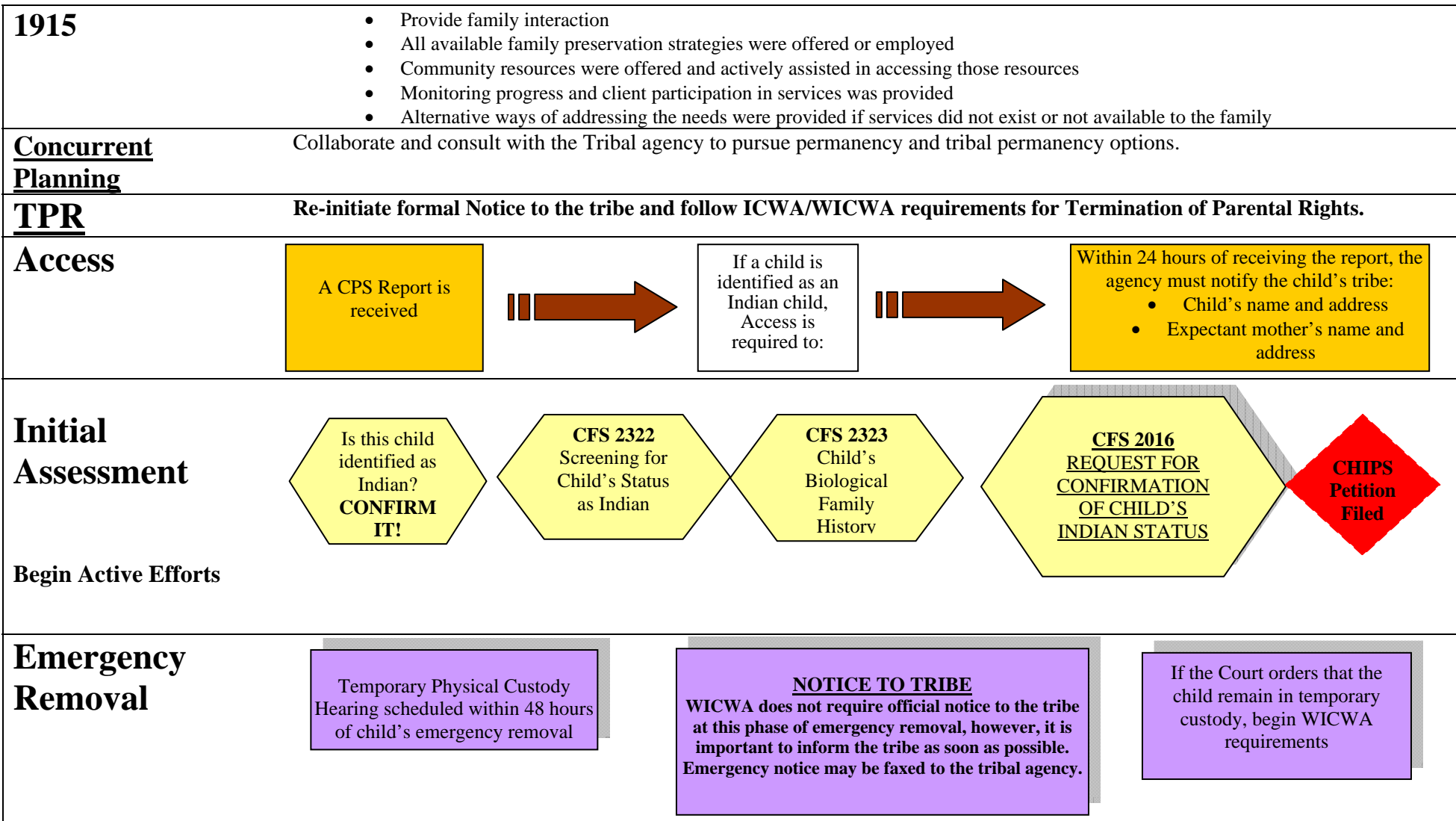
[Ref. s. 938.028(2)(b)]

What resources are available for me to implement the Wisconsin Indian Child Welfare Act?

- 1) Chapter 48.028 – WICWA
- 2) DCF – Website
<http://dcf.wisconsin.gov/children/icw/index.htm>
- 3) DCF – Website Q & A
<http://dcf.wisconsin.gov/children/icw/statsadmin/pdf/faq.pdf>

Wisconsin Indian Child Welfare Desk Aid, Version 2, was created to assist in the basic provisions of WICWA. Please refer to the above references for detailed compliance language. This product is not intended to replace or minimize WICWA/ICWA processes or requirements. Please contact the DCF Indian Child Welfare Consultant for questions – 608.266.5330

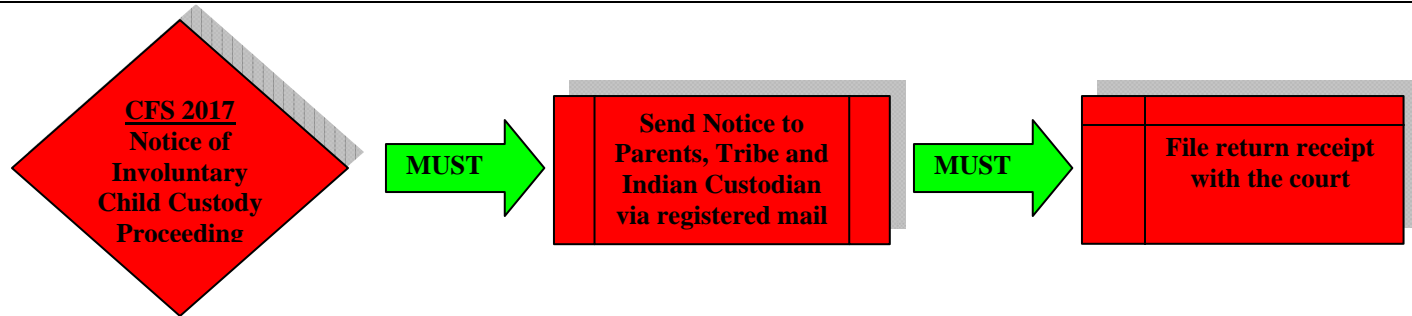
<p><u>Access</u> § 48.981(3)(bm)</p>	<p>When a county department receives a CPS report of an unborn child or child living wholly or partially within the reservation, and has reason to know that the child is an Indian child, the department shall provide notice within 24 hours of the report, to the tribal agent, consisting of the name and address of the Indian child or expectant mother and that a report has been received. Best Practice: Apply standard to all Wisconsin Tribes.</p>
<p><u>Initial Assessment</u></p>	<p>In order for the agency to determine whether WICWA/ICWA applies to an Indian child, it must be confirmed whether the child is a member or eligible for membership in a tribe. The eWiSACWIS ICWA site contains the following forms that should be utilized in determining if WICWA/ICWA apply: 1) CFS 2322 – Screening for Child’s Status as Indian; 2) CFS 2323 – Child’s Biological Family History; and 3) CFS 2016 – Request for Confirmation of Child’s Indian Status. These forms are sent to the tribal contact via first class mail. The Wisconsin tribal contacts are located on the last page of this Desk Aid; other tribes can be found at http://www.gpo.gov/fdsys/pkg/FR-2010-05-19/pdf/2010-11696.pdf. If you do not know the name of the child’s tribe, send the information request forms to the Midwest BIA Regional Office, or if the tribe is not a Midwest tribe, send to the appropriate BIA Regional Office located at the aforementioned site. Best Practice: Ask if the child, parent, grandparents are “Indian”. As the case moves forward, follow placement preferences and begin Active Efforts.</p> <ul style="list-style-type: none"> • Request tribal agency to assist in evaluating the case • Invite representatives of child’s tribe to participate in custody proceeding at earliest point • Notify and consult with extended family members to provide structure and support
<p><u>Emergency Removal</u> 25 USC§1922 §48.028(3)(b)2</p>	<p>The federal and state law permit an agency to remove an Indian child in order to prevent imminent physical harm or damage to the Indian child. When a removal or placement is no longer necessary to prevent imminent physical harm or damage to the child: a) the agency shall expeditiously initiate a child custody proceeding; b) transfer the child to the jurisdiction of the appropriate tribe; or c) return the child to the parent, as may be appropriate. State law requires a hearing within 48 hours of the emergency removal of the child to determine continued custody of the child. Best Practice: If the agency knows this child is an Indian child and member of a tribe or eligible for membership, fax an informational notice containing name of the child, court jurisdiction and time/date of the Temporary Physical Custody hearing as soon as possible. Formal notice to the tribe under the federal or state law is not required at this point. Placement preferences should be followed in an emergency placement.</p>
<p><u>Ongoing</u> § 48.028(4)(a), (4)(g), (7)(b), (7)(c) 25 USC § 1912,</p>	<ol style="list-style-type: none"> 1) At the point a county agency is considering requesting a CHIPS or JIPS petition on behalf of an Indian child, the agency shall notify the tribe. Use eWiSACWIS form CFS 2017, Notice of Involuntary Child Custody Proceeding of an Indian Child. Send the form to the appropriate tribe(s) via registered mail with return receipt requested. The return receipt must be filed with the court. 2) When it is determined that an Indian child will remain in custody, the agency must initiate placement preferences of ICWA/WICWA <ol style="list-style-type: none"> a. Home of an extended family member b. A foster home or treatment foster home licensed, approved or specified by the Indian child’s tribe c. Indian foster home or treatment foster home licensed or approved by the department, a county department, or a child welfare agency d. A group home or residential care center for children and youth approved by an Indian tribe or operated by an Indian organization 3) If the Indian child’s tribe has established an order of preference, the order of preference established by that tribe shall be followed 4) Once the Indian child is referred to ongoing services, continue Active Efforts as defined in WICWA



Ongoing

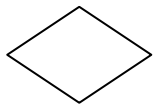
Out of Home Care

Continue Active Efforts



Circuit Court Determinations:

The court or jury must find by clear and convincing evidence, including the testimony of a qualified expert witness (QEW), that continued custody of the Indian child is likely to result in serious emotional or physical damage to the child. § 48.028(4)(d)1. The court or jury must find by clear and convincing evidence that active efforts have been made to provide remedial services and rehabilitation programs designed to prevent the breakup of the Indian child's family and that those efforts have proved unsuccessful. § 48.028(4)(d)2.



Wisconsin Tribal Contacts

 <p>Bad River Band of Lake Superior Chippewa ICW Director P.O. Box 55 Odanah, WI 54861 715.682.7127 Fax: 715.682.7883 bricw@badriver-nsn.gov</p>	 <p>Forest County Potawatomi Community Indian Child Welfare Dept P.O. Box 340 Crandon, WI 54520 715.478.4812 Fax: 715.478.7442 ICW.Main@fcpotawatomi-nsn.gov</p>
 <p>Ho-Chunk Nation Div. of Child & Family Services P.O. Box 40 Black River Falls, WI 54615 715.284.2622 Fax: 715.284.0097 icw@ho-chunk.com</p>	 <p>Lac Courte Oreilles Band of Lake Superior Chippewa of Wisconsin ICW Director 13394 W. Trepania Road Hayward, WI 54843-2186 715.634.8934 Fax: 715.634.2981 lcoicw@yahoo.com</p>
 <p>Lac du Flambeau Band of Lake Superior Chippewa ICW Director P.O. Box 67 Lac du Flambeau, WI 54538 715.588.3303 Fax: 715.588.9128 ldfcw@ldftribe.com</p>	 <p>Menominee Indian Tribe of Wisconsin ICW Director P.O. Box 520 Keshena, WI 54135-0520 715.799.5161 Fax: 715.799.6061</p>
 <p>Oneida Tribe of Indians of Wisconsin ICW Director P.O. Box 365 Oneida, WI 54155 920.490.3701 Fax: 920.490.3820 ICW@oneidanation.org</p>	 <p>Red Cliff Band of Lake Superior Chippewa Indians of Wisconsin ICW Director 88385 Pike Road Bayfield, WI 54814 715.779.3747 Fax: 715.779.3783 icwa@redcliff-nsn.gov</p>
 <p>Sokaogon Chippewa Community ICW Director 3051 Sand Lake Road Crandon, WI 54520 715.478.2520 Fax: 715.478.7674</p>	 <p>St. Croix Chippewa Indians of Wisconsin ICW Director 24670 State Road 35/70 Suite 800 Siren, WI 54872 715.349.2195 Fax: 715.349.8665 icwa@stcroixtribalcenter.com</p>
 <p>Stockbridge-Munsee Community ICW Director W12802 County road A Bowler, WI 54416 715.793.4580 Fax: 715.793.1312 ICW@mohican.com</p>	<p>Bureau of Indian Affairs Midwest Region – Human Services</p> <p>5600 West American Boulevard, Suite 500 Norman Pointe II Building Bloomington, MN 55437 612.725.4571 (ICWA Responses) Fax: 612.713.4439 Valerie.Vasquez@bia.gov</p>

Appendix II

Danger Threshold and Impending Danger Threat Examples

The definition for impending danger indicates that threats to child safety are family conditions that are *specific and observable*. A threat of impending danger is something CPS sees or learns about from credible sources. Family members and others who know a family can describe threats of impending danger. These dangerous family conditions can be observed, identified, and understood. If CPS cannot describe in detail a family condition or parent/caregiver behavior that is a threat to a child's safety that he or she has seen or been told about then that is an indication that it is not a threat of impending danger. Child vulnerability is always assessed and determined separate from identifying impending danger. If a case does not include a vulnerable child then safety is not an issue.

The **Danger Threshold** refers to the point at which family behaviors, conditions or situations rise to the level of directly threatening the safety of a child. The danger threshold is crossed when family behaviors, conditions or situations are manifested in such a way that they are beyond being just problems or risk influences and have become threatening to child safety. These family behaviors, conditions, or situations are active at a heightened degree, a greater level of intensity, and are judged to be out of the parent/caregiver or family's control thus having implications for dangerousness.

The danger threshold is the means by which a family condition can be judged or measured to determine if a safety threat exists. The danger threshold criteria includes: family behaviors, conditions or situations that are observable, specific and justifiable; occurring in the presence of a vulnerable child; are out-of-control; are severe/extreme in nature; are imminent; and likely to produce severe harm. The danger threshold includes only those family conditions that are judged to be out of a parents'/caregiver's control and out of the control of others within the family. This includes situations where the parent/caregiver is able to control conditions, behaviors, or situations but is unwilling or refuses to exert control.

Impending Danger Threats - Definitions and Examples

1. No adult in the home will perform parental duties and responsibilities.

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are considered at a basic level.

This threat includes both behaviors and emotions illustrated in the following examples.

- Parent's/caregiver's physical or mental disability/incapacitation makes the person unable to provide basic care for the child.
- Parent/caregiver is or has been absent from the home for lengthy periods of time and no other adults are available to care for the child without CPS coordination.
- Parent/caregiver has abandoned the child.

- Parent/caregiver arranged care by an adult, but their whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief.
- Parent/caregiver does not respond to or ignores a child's basic needs.
- Parent/caregiver allows the child to wander in and out of the home or through the neighborhood without the necessary supervision.
- Parent/caregiver ignores or does not provide necessary, protective supervision and basic care appropriate to the age and capacity of the child.
- Parent/caregiver is unavailable to provide necessary protective supervision and basic care because of physical illness or incapacity.
- Parent/caregiver is or will be incarcerated thereby leaving the child without a responsible adult to provide care.
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child.
- Child has been left with someone who does not know the parent/caregiver.

2. One or both parents/caregivers are violent.

Violence refers to aggression, fighting, brutality, cruelty and hostility. It may be regularly, generally or potentially active.

This threat includes both behaviors and emotions as illustrated in the following examples.

Domestic Violence:

- Parent/caregiver physically and/or verbally assaults their partner and the child witnesses the activity and is fearful for self and/or others.
- Parent/caregiver threatens, attacks, or injures both their partner and the child.
- Parent/caregiver threatens, attacks, or injures their partner and the child attempts or may attempt to intervene.
- Parent/caregiver threatens, attacks, or injures their partner and the child is harmed even though the child may not be the actual target of the violence.
- Parent/caregiver threatens to harm the child or withhold necessary care from the child in order to intimidate or control their partner.

General violence:

- Parent/caregiver whose behavior outside of the home (drugs, violence, aggressiveness, hostility, etc.) creates an environment within the home that could reasonably cause severe consequences to the child (e.g. drug parties, gangs, drive-by shootings).
- Parent/caregiver who is impulsive, explosive or out of control, having temper outbursts which result in violent physical actions (e.g. throwing things).

3. One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.

This threat is about self-control (e.g. a person's ability to postpone or set aside needs, plan, be dependable, avoid destructive behavior, use good judgment, not act on impulses, exert energy and action or manage emotions. Parent's/caregiver's lack of self-control places

vulnerable children in jeopardy. This threat includes parents/caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse issues).

Poor impulse control or lack of self-control includes behaviors other than aggression and can lead to severe consequence to a child.

- Parent/caregiver is seriously depressed and functionally unable to meet the child's basic needs
- Parent/caregiver is chemically dependent and unable to control the dependency's effects.
- Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to child's basic needs.
- Parent/caregiver makes impulsive decisions and plans that leave the child in precarious situations (e.g. unsupervised, supervised by an unreliable person).
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities.
- Parent/caregiver is emotionally immobilized (chronically or situational) and cannot control behavior.
- Parent/caregiver has addictive patterns or behaviors (e.g. addiction to substances, gambling, computers) that are uncontrolled and leave the child in potentially severe situations (e.g. failure to supervise or provide other basic care)
- Parent/caregiver is delusional or experiencing hallucinations.
- Parent/caregiver cannot control sexual impulses (e.g. sexual activity with or in front of the child).

4. One or both parents/caregivers have extremely negative perceptions of the child.

“Extremely” means a negative perception that is so exaggerated that an out-of-control response by the parent/caregiver is likely and will have severe consequences for the child.

This threat is illustrated by the following examples.

- Child is perceived to be evil, deficient, or embarrassing.
- Child is perceived as having the same characteristics as someone the parent/caregiver hates or is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions to the child.
- Child is considered to be punishing or torturing the parent/caregiver (e.g., responsible for difficulties in parent's/caregiver's life, limitations to their freedom, conflicts, losses, financial or other burdens).
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parent's/caregiver's intimate relationship and/or other parent.
- Parent/ caregiver see the child as an undesirable extension of self and views the child with some sense of purging or punishing.

5. Family does not have or use resources necessary to assure the child's basic needs.

“Basic needs” refers to family’s lack of 1) minimal resources to provide shelter, food, and clothing or 2) the capacity to use resources for basic needs, even when available.

This threat is illustrated in the following examples.

- Family has insufficient money to provide basic and protective care.
- Family has insufficient food, clothing, or shelter for basic needs of the child.
- Family finances are insufficient to support needs (e.g. medical care) that, if unmet, could result in severe consequences to the child.
- Parent/caregiver lacks life management skills to properly use resources when they are available.
- Family is routinely using their resources for things (e.g. drugs) other than for basic care and support thereby leaving them without their basic needs being adequately met.

6. One or both parents/caregivers fear they will maltreat the child and/or request placement.

This refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a parent’s distraught/extreme “call for help.” A request for placement is extreme evidence with respect to a caregiver’s conclusion that the child can only be safe if he or she is away from the caregiver.

This threat is illustrated in the following examples.

- Parent/caregiver states they will maltreat.
- Parent/caregiver describes conditions and situations that stimulate them to think about maltreating the child.
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child.
- Parent/caregiver identifies things that the child does that aggravate or annoy them in ways that makes them want to attack the child.
- Parent/caregiver describes disciplinary incidents that have become out-of-control.
- Parent/caregiver is distressed or "at the end of their rope" and are asking for relief in either specific ("take the child") or general ("please help me before something awful happens") terms.
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing.

7. One or both parents/caregivers intend(ed) to seriously hurt the child.

Parents/caregivers anticipate acting in a way that will assure pain and suffering. “Intended” means that before or during the time the child was harmed, the parent’s/caregiver’s conscious

purpose was to hurt the child. This threat is distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt.

“Seriously” refers to causing the child to suffer physically or emotionally. Parent/caregiver action is more about causing a child pain than about a consequence needed to teach a child.

This threat includes both behaviors and emotions as illustrated in the following examples.

- The incident was planned or had an element of premeditation.
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g. cigarette burns).
- Parent's/caregiver's motivation to teach or discipline seems secondary to inflicting pain or injury.
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident.
- Parent's/caregiver's actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child.

8. One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child’s basic needs are met.

This refers to basic parenting that directly affects meeting the child’s needs for food, clothing, shelter, and required level of supervision. The inability and/or unwillingness to meet basic needs create a concern for immediate and severe consequences for a vulnerable child.

This threat is illustrated in the following examples.

- Parent’s/caregiver’s intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care.
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child’s needs and capacity.
- Parent’s/caregiver’s expectations of the child far exceed the child’s capacity thereby placing the child in situations that could result in severe consequences.
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child’s age).
- Parent’s/caregiver’s parenting skills are exceeded by a child’s special needs and demands in ways that will result in severe consequences to the child.
- Parent’s/caregiver’s knowledge and skills are adequate for some children’s ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler).
- Parent/caregiver is averse to parenting and does not provide basic needs.
- Parent/caregiver avoids parenting and basic care responsibilities.
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person’s ability or capacity.

- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children).
- Parents/caregivers place their own needs above the child's needs that could result in severe consequences to the child.
- Parents/caregivers do not believe the child's disclosure of abuse/neglect even when there is a preponderance of evidence and this has or will result in severe consequences to the child.

9. The child has exceptional needs which the parents/caregivers cannot or will not meet.

“Exceptional” refers to specific child conditions (e.g., developmental disability, blindness, physical disability, special medical needs). This threat is present when parents/caregivers, by not addressing the child's exceptional needs, create an immediate concern for severe consequences to the child.

This does not refer to parents/caregivers who do not do particularly well at meeting the child's special needs, but the consequences are relatively mild. Rather, this refers to specific capacities/skills/intentions in parenting that must occur and are required for the “exceptional” child not to suffer serious consequences.

This threat exists, for example, when the child has a physical or other exceptional need or condition that, if unattended, will result in imminent and severe consequences and one of the following applies:

- Parent/caregiver does not recognize the condition or exceptional need.
- Parent/caregiver views the condition as less serious than it is.
- Parent/caregiver refuses to address the condition for religious or other reasons.
- Parent/caregiver lacks the capacity to fully understand the condition which results in severe consequences for the child.
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition.
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition.

10. Living arrangements seriously endanger the child's physical health.

This threat refers to conditions in the home that are immediately life-threatening or seriously endanger the child's physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

This threat is illustrated in the following examples.

- Housing is unsanitary, filthy, infested, a health hazard.
- The house's physical structure is decaying, falling down.

- Wiring and plumbing in the house are substandard, exposed.
- Furnishings or appliances are hazardous.
- Heating, fireplaces, stoves, are hazardous and accessible.
- The home has easily accessible open windows or balconies in upper stories.
- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home.
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to the child that could result in severe consequences to the child.
- People who are under the influence of substances that can result in violent, sexual, or aggressive behavior are routinely in the home or have frequent access

11. The child is profoundly fearful of the home situation or people within the home.

“Home situation” includes specific family members and/or other conditions in the living arrangement. “People in the home” refers to those who either live in the home or frequent the home so often that a child routinely and reasonably expects that the person may be there or show up.

The child’s fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. This threat can also be present for a child who does not verbally express fear but their behavior and emotion clearly and vividly demonstrate fear.

This threat is illustrated in the following examples.

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal, running away).
- Child expresses fear and describes people and circumstances which are reasonably threatening.
- Child recounts previous experiences which form the basis for fear.
- Child’s fearful response escalates at the mention of home, specific people, or specific circumstances associated with reported incidents.
- Child describes personal threats which seem reasonable and believable.

Appendix III

Locating Non-Custodial Parent / Relatives- Search Tools

Each agency may want to identify the search tools it approves for use and place links to those tools under the County Messages section of the Outliner in eWiSACWIS.

Wisconsin Resources

The following databases are accessed by **the KIDS system**:

State sources:

- Center for health statistics (birth records only)
- Department of Corrections
- Department of Natural Resources
- Department of Transportation (driver's license file)
- Unemployment Division – wage data
- Unemployment Division – unemployment insurance payment data
- Worker's Compensation Division – worker's compensation claim
- Human Services Reporting System
- State directory of new hires
- In-state financial institution data match

Federal sources, used only when KIDS is actively looking for someone:

- Federal parent locator system which includes: Social Security Administration, Department of Defense, Internal Revenue Service, Department of Veteran Affairs, Selective Service System, National Personnel Records Center, Federal Bureau of Investigation
- Multi-state financial institution data match

Sources also available to search through KIDS:

- National directory of new hires
- Federal child support case registry

In addition to the searches available through KIDS, other resources of valuable information include, but are not limited to:

- The reporter of a child abuse and neglect referral received by Access.
- The school the child attends or previously attended to see if there are additional emergency contacts listed of which the agency is unaware.
- Check the CARES system records if your agency has an information sharing agreement with your local CARES agency. CARES issues Wisconsin Works (W-2), Food Share, Medicaid, and Child Care benefits.
- Contact neighbors of a last known address to see if they have current location information.
- County jails.
- CCAP (Consolidated Court Automation Project): <http://wcca.wicourts.gov/index.xsl>

- Prison Inmate Locator System through the Department of Corrections (DOC):
<http://www.vinelink.com/offender/searchNew.jsp?siteID=50001>

National Resources

People Searches

Private eye – <http://www.privateeye.com>

White pages – <http://www.peoplesearch.lycos.com/>

White pages – <http://www.whitepages.com> can do reverse searches on this one

Global direct services – <http://www.globaldirectsvcs.com>

Net detective – <http://find-someone.com/nd/ga.asp> one time fee of \$29.00 for unlimited searches

Web detective – <http://www.theonlineinvestigator.com/peoplefinder.htm> lifetime fee of \$29.95.

Zaba people and public information search – <http://www.zabasearch.com/> free

Intelius – <http://find.intelius.com/search-name.php>

National people finders – <http://www.nationalpeoplefinders.com/>

Social security death index – <http://ssdi.genealogy.rootsweb.com/>

Yahoo people search – <http://people.yahoo.com/>

Online Wisconsin death records and indexes – <http://www.deathindexes.com/wisconsin/>

<http://www.virtualgumshoe.com>

<http://www.whowhere.com>

<http://www.publicdata.com>

<http://www.anywho.com>

<http://www.familysearch.org>

<http://www.genealogytoday.com>

<http://www.bigfoot.com>

<http://www.switchboard.com>

<http://www.infospace.com>

<http://www.realwhitepages.com>

<Http://search.langenberg.com>

Official city sites for the U.S.: <http://officialcitysites.com>

Background checks: <http://www.ussearch.com>

Sex offender search: <http://offender.doc.state.wi.us/public/>

Records Searches

Records.com - <http://www.records.com/> (this is public records)

Search systems – <http://www.searchsystems.net/> (this is public records)

Netro online – http://netronline.com/public_records.htm (this is public records)

Employers

Landlords

Voter registration

Vital records

The Division of Probation and Parole

Child support enforcement

Motor vehicles administration

Utility companies

Law enforcement agencies

Unemployment office

Health departments

Bureau of Immigration

Veteran's Administration

Military locator services

Hunting and fishing licensing bureau

Other Helpful Tools:

Family Group Conferencing

Appendix IV:

Legal Permanency Status Indicators

Instructions to Team: Please rate the **child's current legal permanency status** based on the information presented by the Ongoing Case Manager and Supervisor before beginning to discuss any specific strategies or actions to take following the consultation. It is important to note this is a rating of the child's current situation as it relates to achievement of **legal permanency**. Legal permanence is defined as reunification, adoption or transfer of guardianship. This is not a rating of caseworker or agency competency. **NOTE:** If team consensus cannot be reached on permanency status, the team should opt for the lower rating.

Current Child Legal Permanency Status Rate the child's <u>current</u> permanency status as described below based on existing evidence:		
Child has legal permanency (reunification with safe case closure expected, adoption or legal guardianship).	Permanency achieved	<input type="checkbox"/>
Child is in a family setting that the child, the caregivers and the casework team believe is lifelong, and the caregivers and child are committed to formalizing the relationship through adoption or transfer of guardianship; – OR – Child is in stable living situation with own parents (not a trial reunification) and identified safety threats have been eliminated.	Very good permanency status	<input type="checkbox"/>
Child is in a family setting that the child, caregivers and case workers believe is lifelong; a plan is in place to maintain safety and stability; the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/ issues, if any, are near resolution. – OR – Child is in stable living situation with own parents (not a trial reunification) and identified safety threats are being controlled through an in-home safety plan.	Good permanency status	<input type="checkbox"/>
Child is in a family setting that the child, caregivers and case workers believe could endure lifelong; a plan is in place to ensure safety and stability is achieved, and the child, if old enough, and the caregiver(s) are committed to the plan; and adoption/guardianship/reunification issues, if any, are being addressed; – OR – Child is in temporary placement but transition is planned and child is ready to move to identified safe, appropriate, caregivers who are willing to provide legal permanency; a child and family plan for safety and permanency is being implemented; and the child, if old enough, and caregiver(s) are committed to the plan.	Fair permanency status	<input type="checkbox"/>
Child is in a family setting that the child, caregivers and casework team feel could endure lifelong; they are developing a plan to achieve safety and stability, and it is uncertain if the relationship will be formalized legally; – OR – Child is in a temporary placement, and likelihood of reunification or a legally permanent home is uncertain; adoption/guardianship issues are being assessed; and concurrent Permanency Plan(s), if any, are uncertain or problematic.	Uncertain permanency status	<input type="checkbox"/>
Child is living in a home that is not likely to endure or is moving from home-to-home due to safety and stability problems, failure to resolve adoption/guardianship issues, or because the home is unacceptable to the child; – OR – Child remains in temporary home without a realistic or achievable legal permanency goal; and concurrent Permanency Plan(s), if any, have stalled or failed.	Poor permanency status	<input type="checkbox"/>

Appendix V

Placement Danger Threats

The 17 Placement Danger Threats are defined below with bulleted examples.

P1. Out-of-home care provider or others in the home are violent or out of control.

Consider out-of-home care providers, children in the home and others who are frequently in the home and may, therefore, be a threat to the placed child. This refers to people who are imposing and threatening, brandishing weapons, known to be dangerous and aggressive, or currently behaving in attacking, aggressive ways. Consider information provided by others, from records and from direct observation.

- Intimidating, hostile, violent, aggressive individuals generally observable and in direct interaction with CPS.
- People who carry guns or other weapons.
- Adults known to have a history of violence and trouble with civil authorities.
- Children known to have a history of violence and that behavior is not responsive to behavior control and management within the home.
- Hostile, aggressive behavior within the community; against non-family members; fighting.
- Children within the placement home who victimize other children physically or sexually and that behavior is not responsive to behavior control and management within the home.
- Extreme physical or verbal, angry or hostile outbursts at children or other family members.
- Use or reference to use of guns, knives or other instruments in a violent and threatening way.
- Communication and behavior that seems reckless, unstable or explosive.

Domestic Violence:

There is currently domestic violence in the home that poses a risk of serious physical or emotional harm to the child. This may be identified by a history of domestic violence, current records of active violence in the home or reports by reliable sources such as family members, neighbors or professionals. The children referred to in the examples are those who have resided in the home rather than the child being considered for placement.

- There is currently a pattern of physical violence to an out-of-home care provider by a spouse or other partner.
- Agency or law enforcement records of domestic violence.
- Family's own child was previously injured in domestic violence incident.
- Family's own child exhibits severe anxiety (e.g., nightmares, insomnia) related to situations associated with domestic violence.
- Family's own child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence.

- Use of guns, knives or other instruments in a violent, threatening, or intimidating manner.
- Evidence of property damage resulting from domestic violence.

P2. Out-of-home care provider describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations.

The word “predominantly” is meant to suggest perceptions which are so negative they would, if present, create a threat to a child. These types of perceptions must be inaccurate with respect to the child. Although this includes both relative and foster out-of-home care providers, it is more likely to apply to those who are already familiar with the child.

- The child is seen as evil, stupid, ugly or in some other demeaning or degrading manner.
- The out-of-home care provider transfers feelings and perceptions of a person the out-of-home care provider dislikes, is hostile toward, or fears to the child.
- The child was/is unwanted in the family or placement.
- The child is considered a burden, nuisance or punishment.
- One of the out-of-home care providers is competitive with or harbors ill will toward the child because the child is or is believed to be special or favored by the other out-of-home care provider.
- The out-of-home care provider directs a pattern of profanity toward the child or repeatedly attacks child’s self-esteem.
- The out-of-home care provider scapegoats the child.
- The out-of-home care provider requires the child to perform or act in a way that is impossible or improbable for the child’s age or developmental level (e.g., babies and young children expected not to cry; expected to be still for extended periods; be toilet trained or eat neatly).
- Out-of-home care provider has a history of expecting other children to behave in a manner that is impossible or improbable for the child’s age or developmental level.

P3. Out-of-home care provider refuses access to the child or there is reason to believe that the placement family is about to flee.

This refers to specific and observable behavior, emotions or communication indicating the intent to avoid CPS. Fleeing is more likely to apply to relative placements. The concern is heightened when the family has a history of physically moving from place to place; has had many jobs for brief periods of time or has limited property to tie them down.

- Out-of-home care provider advises CPS that they will not be needed or that close contact is not warranted or desired.
- Out-of-home care provider is inaccessible and unavailable, particularly in early encounters.
- Out-of-home care provider cancels initial appointments, does not show up for meetings, cuts short meetings or phone calls.
- Out-of-home care provider is reluctant to make the placed child available.

- Out-of-home care provider disagrees or argues with CPS about needed involvement and intervention at first encounter.

P4. Out-of-home care provider communicates or behaves in ways that suggest that s/he may fail to protect child from serious harm or threatened harm by other family members, other household members, or others having regular access to the child.

This applies when the out-of-home care provider does not understand or have the ability to shield the child from threats originating with others in the household. It may include circumstances where the out-of-home care provider's loyalties to the other individual interfere with the out-of-home care provider's willingness or ability to make the protective role to the child the first priority.

- Out-of-home care provider has an inaccurate view of known threat originating with others in the home due to their behavior or emotion or minimizes this threat.
- Out-of-home care provider has a history of association with individuals who may pose a threat to the child and the out-of-home care provider sees no need to control access to the home to protect the child.
- Out-of-home care provider has a history of association with individuals who may pose a threat to the child and the out-of-home care provider is unable to regulate their access to the home.
- The child is maltreated in the placement home by another family member, household member or individual having regular access to the child.

P5. Out-of-home care provider is unwilling or unable to meet the child's immediate needs for food, clothing, shelter or medical care.

When assessing placement situations, it may be necessary to speculate about the potential for meeting a placed child's basic needs. Beyond the out-of-home care provider's intent or ability, one must assess the availability and accessibility of necessary resources. Following placement, evidence of not meeting basic needs may become more apparent.

- Other children in placement home appear malnourished.
- Family has limited, inadequate resources, finances, etc.
- Evidence of out-of-home care provider withholding necessary resources from own or other placed children.
- Out-of-home care provider does not seek medical treatment for other children's immediate and dangerous medical conditions or does not follow prescribed treatment for such conditions.
- Out-of-home care provider perceives and describes medical needs inaccurately; fails to see seriousness of need.
- Out-of-home care provider holds beliefs that prevent him/her from seeking medical care.
- No food provided or available to the child or child deprived of food or drink for prolonged periods since the placement began.

P6. Out-of-home care provider has not protected the child, or will not or is unable to provide supervision necessary to protect child from potentially serious harm.

At the time of placement, this must include the ability of the out-of-home care provider to be available to provide appropriate supervision or arrange such by another responsible adult over time. During the placement of the child, this refers to the actual availability of and quality of supervision. Assessment of supervision must consider the development of the child and circumstances of the home, in terms of potential dangers.

- Out-of-home care provider is likely to be absent from the home for periods of time inappropriate to the child's development; no other adult is available to provide supervision.
- Out-of-home care provider has arranged for care by another adult in his/her absence but the plan is inadequate.
- Out-of-home care provider has obligations that will leave the home without a responsible adult.
- Though present, the out-of-home care provider does not attend to the child to the extent that the child's need for care goes unnoticed or unmet (e.g., although out-of-home care provider is present, child can wander outdoors alone, play with dangerous objects or be exposed to other serious hazards).
- Out-of-home care provider leaves child alone (time period varies with age and developmental factors).
- Out-of-home care provider makes inadequate or inappropriate child care arrangements or demonstrates very poor planning for child's care.
- The overall level of child care responsibility in the home results in the out-of-home care provider's inability to meet this child's needs for supervision.

P7. Child has exceptional needs or behavior which the out-of-home care provider cannot or will not meet or manage.

This includes conditions that may be organic (e.g., cognitive disability, acute medical need, etc.) or result from maltreatment (e.g., mental health issue, etc.). The condition must be serious, in that it has immediate implications and consequences. The threat includes the child's behavior being a threat to him or herself. The key issue is that the out-of-home care providers cannot or will not meet the child's needs or manage the child's behavior.

- The child has a physical or mental condition that, if untreated, serves as a threat of harm, and the
 - Out-of-home care provider does not recognize the condition, or
 - Out-of-home care provider views the condition as less serious than it is, or
 - Out-of-home care provider refuses to address the problem for religious or other reasons, or
 - Out-of-home care provider lacks the capacity to fully understand the child's condition or the threat of harm.
- Child has suicidal thoughts or behaviors that the out-of-home care provider cannot or will not manage.
- Child will run away; out-of-home care provider cannot or will not manage.
- Child's emotional state is such that immediate mental health/medical care is needed; out-of-home care provider cannot or will not manage.

- Child is a physical danger to others; out-of-home care provider cannot or will not manage.
- Child abuses substances; may overdose; out-of-home care provider cannot or will not manage.
- Child is so withdrawn that basic needs are not being met; out-of-home care provider cannot or will not manage.
- Child has self-inflicted, severe injuries; out-of-home care provider cannot or will not manage.
- The overall level of child care responsibility in the home results in the out-of-home care provider's inability to meet this child's exceptional needs.

P8. Child is profoundly fearful or anxious of home situation.

This does not refer to general fear or anxiety. Most children entering placement are anxious about the unknown circumstances of the placement. This refers to circumstances where the child to be placed is familiar with the potential placement family and is afraid of being placed in this particular home. When the child has been living in the placement home, this refers to fear and anxiety related to remaining in the placement.

- Child demonstrates emotional and physical responses indicating fear of the specific home or people within the home – crying, withdrawal, etc.
- Child states fearfulness and describes people or circumstances that are reasonably threatening.
- Child recounts previous experiences that form the basis for fear.
- Child's describes threats against him or her that seem reasonable and believable.
- Child's fearful response escalates in the presence of the placement out-of-home care provider or in the placement home.
- Child has reasonable fears of retribution or retaliation from out-of-home care provider.

P9. Out-of-home care provider's home has physical living conditions that are hazardous and immediately threatening.

This applies when living conditions pose an immediate threat having serious health and life implications. Unkempt and dirty homes do not meet this definition. The judgment of an immediate threat must consider the child's vulnerability.

- Dangerous substances or objects are stored in a manner that makes them accessible to the child.
- Lack of water or utilities (heat, plumbing, electricity) with no adequate alternative provisions.
- Environmental hazards, such as leaking gas, exposed electrical wires or broken windows.
- Garbage, spoiled food, infestation or animal waste that threatens health.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
- Guns or other weapons are not locked.

P10. Out-of-home care provider's drug or alcohol use appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to those who, because of the use of substances, are out of control, acting unpredictably or incoherent and are, therefore, unable to provide for the child. This may be observed at first encounter or may be known from other sources. This may be identified once the child is living in the placement home and prevent the out-of-home care provider from consistently providing for the child.

- Out-of-home care provider is incapacitated due to substance use at first contact.
- Out-of-home care provider's substance abuse problem renders him/her incapable of routinely and consistently attending to the basic needs and care of the child.
- Alcohol, drugs or drug paraphernalia are accessible to the child.

P11. Out-of-home care provider's emotional instability, mental health issue or disability appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to out-of-home care providers that possess mental disorders or cognitive limitations that affect their physical, emotional or cognitive capacity with respect to child safety. They may make poor judgments, cannot effectively problem solve, have deficient reality perception, are ineffective planners or have emotional states that interfere with basic responsibilities to the child. This threat may apply even though there has not been an official diagnosis of a condition or disorder.

- Refusal to follow prescribed medications may prevent the out-of-home care provider from adequately caring for child.
- Out-of-home care provider exhibits distorted perception of reality (e.g., hallucinations) that impacts ability to care for and protect child.
- Out-of-home care provider's inability to manage anger leads to excessive or inappropriate discipline.
- Depressed behavioral symptoms result in inability or failure to protect and provide basic care.
- Out-of-home care provider's cognitive delay interferes with the ability to consistently meet the child's needs.

P12. Out-of-home care provider's physical health or physical condition appears to or could seriously affect his/her ability to supervise, protect or care for the child.

This refers to out-of-home care providers who have an acute or chronic illness that compromises their ability to supervise the child or their capacity to provide care to the child at a level that affects child safety. This also includes physical conditions and limitations that interfere with the ability to physically provide care required for the child's level of vulnerability and dependence.

- Out-of-home care provider's level of energy is insufficient to routinely and consistently meet the needs of the child.

- Out-of-home care provider experiences periods of physical incapacitation that cannot be anticipated and planned for.
- Out-of-home care provider has sensory limitations (e.g., hearing, vision) that interfere with the ability to meet the child's basic needs and are not adequately managed.
- Out-of-home care provider is unable to manage the physical demands (e.g., carrying, lifting) of caring for the child.
- Out-of-home care provider's physical health or physical condition renders him/her incapable of routinely and consistently attending to the basic needs and care of the child.

P13. Out-of-home care provider has previously maltreated a child and the severity of the maltreatment or the out-of-home care provider's response to that incident suggests that safety may be a current concern.

This refers to the out-of-home care provider's previous maltreatment of his/her own children or a previous child placed with the out-of-home care provider. This may be identified when considering placement or may be discovered after a child has been placed.

- Previous maltreatment was serious enough to cause or could have caused severe injury or harm.
- Out-of-home care provider had retaliated or threatened retribution against a child in a past incident.
- Escalating pattern of maltreatment.
- Out-of-home care provider does not acknowledge or take responsibility for prior inflicted harm to a child or attempts to justify a prior incident.
- Out-of-home care provider does not explain prior injuries or conditions.

P14. Out-of-home care provider sees the child as responsible for the problems of the out-of-home care provider or the problems of the child's parent.

This refers to out-of-home care providers who blame the child and consider the child as the cause of the problems of the child's parents. Out-of-home care providers may blame the child for problems that they are experiencing themselves. This includes out-of-home care providers who give evidence of anticipating problems with the child.

- Child is blamed and held responsible for his/her parent's problems, for CPS involvement or for the placement.
- Out-of-home care provider directly associates difficulties in his/her life, limitations to freedom, financial or other burdens to the child.
- Conflicts that the out-of-home care provider experiences with others (family members, neighbors, school, police, etc.) are considered to be the child's fault.
- Losses the out-of-home care provider experiences (job, relationships, etc.) are attributed to the child.
- Lack of success as a placement out-of-home care provider is blamed on the child.

P15. Out-of-home care provider justifies the parent's behavior; believes the parent rather than CPS and/or is supportive of the parent's point of view.

This refers to circumstances in which the out-of-home care provider aligns with the parent's view of the situation which resulted in placement or justifies the parent's position though it is contrary to CPS and not accurate. This viewpoint results in a lack of empathy for the child and interferes with their ability to cooperate with CPS in managing the placement.

- Out-of-home care provider believes the parent has been wrongly accused.
- Out-of-home care provider believes the parent's account over that of the child or CPS.
- Out-of-home care provider acknowledges the parent's problems but makes excuses for them or justifies their actions based on the child's behavior or other circumstances.
- Out-of-home care provider believes CPS is overreacting and exaggerating.

P16. Out-of-home care provider indicates the child deserved what happened in the child's home.

This refers to out-of-home care providers who believe that whatever happened in the child's home was justified by things the child did or qualities of the child.

- Out-of-home care provider believes that a sexual abuse victim was asking for or provoking the sexual contact.
- Out-of-home care provider believes the child is old enough to care for him/herself and, therefore, responsible for lack of necessary care.
- Out-of-home care provider considers the child's behavior provocative and that this justifies parental maltreatment.

P17. Out-of-home care provider will not enforce restrictions required by the protective, family interaction or safety plan.

This refers to out-of-home care providers who are unable or unwilling to follow CPS requirements for contact between the child and parent.

- Out-of-home care provider believes the restrictions on the plan are unnecessary and, therefore, will allow unauthorized contact.
- Out-of-home care provider sees the restrictions as unimportant and, therefore, will not consistently exert control necessary to enforce them.
- Out-of-home care provider allows unauthorized phone calls or physical contact between the child and parent in the home or at any other location.

Appendix VI

Permanency Consultation Roles and Responsibilities

State Permanency Consultant (SPC)

The role of the SPC will convert to a uniform permanency consultation structure as each county implements the Permanency Roundtable (PRT) process. The roll-out period will be complete by June 30th, 2013. During this transition time the individual SPCs will have differing roles within their assigned counties based on the roll-out status of each county. The roll-out of the new permanency consultation structure is consistent with the Permanency Roundtable implementation. DSP Memo Series 2012-04 outlines the PRT implementation plan. The link to the memo is: http://dcf.wisconsin.gov/memos/num_memos/DSP/2012/2012-04.pdf

With the implementation of a uniform permanency consultation process the role of the SPC is clearly defined across the State. In the new process the SPC will not:

- Consult on every case in out-of-home care.
- Be involved in administrative reviews, Permanency Plan reviews, or court hearings unless subpoenaed by the county court.
- Be involved in Pre-TPR cases rated at “good” or better on the Legal Permanency Status scale.

To determine which cases would be appropriate for a permanency consultation a child’s legal permanency status will be rated in eWiSACWIS under the Permanency Consultation icon. The county caseworker in coordination with the supervisor will rate the child legal permanence status; if the child’s permanence status is below “good” the SPC will be contacted by the county caseworker for permanency consultation. The SPC can assist the county caseworker in completing the legal permanency status when necessary.

Permanency consultation may consist of any of the following:

- Support caseworker with case coordination
- Concurrent Planning Meetings
- Family Meetings
- Testify in court; if subpoenaed
- Tribal Review and Consultation
- Coordinate with county caseworker to update the Legal Permanency Status in eWiSACWIS as needed
- Document follow up and consultations in Permanency Consultation Case Note section in eWiSACWIS
- Review the Permanence Readiness and Preparation form (DCF-F-CFS2370-E) with caseworker to assist in planning for sustainable permanence
- Permanency Roundtables (PRT)
- Monthly PRT Follow-Up
- Quarterly PRT Follow-Up
- Conduct informational meetings for prospective adoptive families
- Conduct screening interviews with prospective adoptive families upon assignment by supervisor

Any other consultation type will require the approval of the DCF Regional Supervisor.

Permanency consultation for PRT cases will consist of the following responsibilities:

- Schedule each PRT in coordination with the appointed County staff member
- Locate appropriate team members for each PRT
- Serve as Permanency consultant on PRT team
- Serve as additional roles on PRT team, if necessary:
 - External Consultant
 - Scribe
 - Facilitator
- Ensure adherence to PRT process structure
- Identify systemic barriers preventing permanence
- Assist in the formulation of action steps to overcome barriers and expedite permanence

Monthly PRT Follow-up with County Caseworker will include:

- Contacting the county caseworker through email, phone call, or a face-to-face meeting to discuss action steps
- Reviewing the Legal Permanency Status
- Reviewing court ordered Permanency Plans
- Reviewing progress on action steps and assist in developing next reasonable steps
- Determining any systemic barriers impacting the case and provide assistance in working through issues
- Discussing any issues or concerns regarding process towards permanence

Quarterly follow-up with County Supervisor and Caseworker will include

- Coordinating a face-to-face meeting with supervisor and caseworker
- Reviewing cases that have not had action steps completed
- Developing a plan to address any issues
- Reviewing system barriers and possible solutions
- Reviewing additional children that need to be included in PRT schedule
- Rating the legal permanency status of the each child participating in PRTs to determine if a subsequent PRT needs to be scheduled
- Discuss any potential additional action steps not yet implemented or initiated by the ongoing worker

If the caseworker does not respond to the monthly or quarterly contacts in a timely manner the SPCs may contact the caseworker's supervisor to develop a plan to ensure action steps are being completed.

County Caseworker

With the implementation of a uniform permanency consultation process the county caseworker will be responsible for working with the county assigned SPC regarding three types of permanence (reunification, guardianship and adoption) for children involved in Child

Protection and/or Juvenile Justice. Below is an outline of the county caseworker responsibilities in relation to permanency consultation with their assigned SPC.

Determination of SPC case involvement includes:

- Following the Ongoing Standards requirements and in coordination with the supervisor rate the legal permanency status of each child the same month of a case review (typically every six months) in eWiSACWIS (in the Permanency Consultation icon).
- Contacting the SPC regarding any children rated below “good” for a consultation; this can be through email, phone call, or a face-to-face meeting.
- Change the legal permanency status in eWiSACWIS if there is a change in the child’s case that impacts expediting permanence for the child.
- Change the legal permanency status in eWiSACWIS when the child is placed in a permanent setting and prior to case closure.

PRT Participation will include:

- Reviewing the appropriate Oral Presentation Tool to ensure all information is accurately presented at the PRT prior to a scheduled PRT of the assigned case.
 - It is recommended that a genogram is created prior to the PRT and copies provided to the PRT team members during Phase II of the PRT.
 - It is recommended that a timeline with the dates and OHC placements is developed prior to the PRT and copies provided to the PRT team members during Phase II of the PRT.
- Presenting the case and answer clarifying questions at PRT.
- Participating in the brainstorming segment of the PRT.
- Participating in the development of the action steps.
- Completing all assigned action steps.
- Discuss with the SPC any next steps to move the child to permanence.
- Following up with other team members that are assigned action steps to determine the outcome of the step.
- Having contact with the SPC at least monthly to discuss case & action steps.
- Reviewing action steps for completion, and change from “pending” to the appropriate choice in eWiSACWIS, and enter the date the step was no longer “pending.”

Termination of Parental Right (TPR) & Adoption Cases casework will include:

- Completing the Permanence Readiness and Preparation form (DCF-F-CFS2370-E) for all cases that are in the Pre-TPR process .
- Rating the child’s legal permanency status in eWiSACWIS.
- Emailing the completed Permanence Readiness and Preparation form to the Special Needs Adoption Program (SNAP) Supervisor that is assigned to county for Pre-TPR assignment when the child’s permanency rating is “good” or better.
- Consulting with SNAP worker assigned to the child’s case.
- Preparing and forwarding the paper file to SNAP worker within 30 days of the request.
 - Information and documents in eWiSACWIS do not need to be printed.
 - All medical evaluations, school documents, and any other documents related to the child not in eWiSACWIS need to be copied and sent to the SNAP worker.

- If the status of the case falls below “good” anytime between the referral to SNAP and the TPR dispositional hearing the county caseworker must contact the SNAP caseworker and SPC to discuss appropriate planning for the case.
- Providing the SNAP worker with all hearing notices within 10 business days of receiving notification from the court.
- Gathering the Certified Copy of Birth Certificate and Certified Copy of Termination of Parental Rights Order and provide to the SNAP worker.
- Scheduling a face-to-face case transfer meeting with the SNAP worker before the TPR. It is preferred the meeting include the pre-adoptive family and occur at the pre-adoptive family home.
- Notify the SNAP supervisor via e-mail when case is ready for deactivation.
- Contacting the SNAP caseworker for further consultation if at any time during the TPR process the child’s legal permanency status changes to less than “good” and changing the status in eWiSACWIS.

Special Needs Adoption Program Caseworker

As counties implement the uniform permanency consultation process the SNAP caseworker will be responsible for additional duties related to cases that are in the process of a TPR and adoption. The SNAP caseworker will assume these duties as the uniform permanency consultation process is implemented in each county.

A child’s case will be referred to SNAP by the county caseworker when there is a court-ordered Permanency Plan of TPR/adoption and the child’s legal permanency status is at “good” or above in eWiSACWIS. The SNAP supervisor will assign the child’s case to a caseworker.

Case Coordination

At any point in time between the Pre-TPR referral and TPR the SNAP caseworker may be asked by the county to provide additional consultation services such as meet with the concurrent home to explain the services and resources available with a special needs adoption.

Upon assignment to a child’s case the SNAP caseworker will:

- Contact the county caseworker within five business days of assignment to identify self as assigned worker and request any documents that are not in eWiSACWIS .
- If the status of the case falls below “good” anytime between the SNAP referral and the TPR dispositional hearing the SNAP caseworker must contact the county caseworker to discuss appropriate planning for the case.
- Attend and participate in any PRT cases related to TPR/adoption.

Documentation and eWiSACWIS responsibilities will include:

- Following the Ongoing Standards requirements and in coordination with the supervisor, rate the legal permanency status of each child the same month of a case review (typically every six months) in eWiSACWIS (in the Permanency Consultation icon).
- Changing the legal permanency status in eWiSACWIS if there is a change in the child’s case that impacts expediting permanence for the child.
- Keeping all eWiSACWIS documentation up to date.

- Changing the legal permanency status in eWiSACWIS after the child is adopted and prior to case closure.

Court-Related responsibilities will include:

- Canceling or rescheduling the case transfer meeting if the TPR/dispositional hearing does not occur on the scheduled date, the meeting should be rescheduled to coincide with the new hearing date.
- Contacting the assigned county worker for further consultation if at any time during the TPR process the child's legal permanency status changes to less than "good."
- Coordinate with the county caseworker in gathering the Certified Copy of Birth Certificate and Certified Copy of Termination of Parental Rights Order.
- Completing the Face Sheet-Child Record form (DCF-F-CFS0835-E) and emailing it to the regional SNAP supervisor at the time of the TPR and when the adoption is finalized.

SNAP Supervisor

Cases will be referred to SNAP agencies by the county caseworker when the child's Permanency Plan is court-ordered to TPR/adoption and the child's legal permanency status is at "good" or above.

Activation of Case

Upon receipt of the Permanency Readiness and Preparation form from the county caseworker the SNAP supervisor will:

- Assign a SNAP caseworker to the case in eWiSACWIS within 5 business days of the referral.
- Close the SPC assignment in eWiSACWIS.
- Monitor Pre-TPR cases to ensure cases are being processed appropriately and necessary consultations are occurring.

Paperwork and eWiSACWIS Responsibilities will include:

- Issuing the DCF Acceptance Letter for Guardianship of Child (DCF-F-CFS2288-E), which is generated from eWiSACWIS to the court, the assigned county supervisor and the ongoing worker prior to the Dispositional Hearing.
- Deactivating the child's case in eWiSACWIS when the TPR Disposition has been ordered and county worker has indicated case is ready for deactivation.
- Forwarding the closed case file including the Face Sheet-Child Record form (DCF-F-CFS0835-E) to the DCF Regional Office Program Assistant at time of adoption.
- Monitoring the SNAP caseworker data tracking and eWiSACWIS documentation.
- Closing the SNAP caseworker assignment in eWiSACWIS when the adoption is finalized and the case is closed.

Appendix VII:

Permanency Options

Reunification

The parent's ability to meet the physical, social, emotional, medical, educational and safety needs of the child;

The parent(s) has rectified the conditions that led to out-of-home care;

The impact on the child and family of experiences with past abuse and/or neglect;

The child's current level of functioning and any special needs;

Level of parental functioning, family relationships, communication patterns, conflict resolution skills and children's relationships;

The parent's and child's strengths, resources and potentials that can make reunification possible. Special appreciation should be given to the strengths and resources in families whose lifestyles, family styles and child rearing methods differ from that of the caseworker and other members of the team;

Support or services are available to the family through informal supports and the community;

Family problems which may impede reunification, i.e., mental illness, substance abuse, domestic violence, homelessness, etc. are controlled and managed;

The family's and child's willingness and readiness to be reunified; and

The relationships between the parent, out-of-home caregiver, caseworker, and child which promote or impede reunification.

Adoption

The goal of reunification to the child's father, mother or legal guardian has been ruled out;

There is clear and convincing evidence that one or more grounds for TPR exist and the agency has determined that there are no compelling reasons not to file a TPR.

The child's parent(s), through words or actions, has shown an inability or unwillingness to care for the child.

The parent(s) have failed to correct those problems and or conditions which contributed to the child's placement in out-of-home care and are not likely to do so in the near future.

The parent(s) wants the child to be adopted, or parental rights have been terminated; and/or the child wants to be adopted.



Guardianship

The team has determined that family reunification is not likely in the foreseeable future and termination of parental rights is deemed inappropriate;

Adoption is not an option;

Current placement provider is able to meet the needs of the child including financial;

Current placement is stable;

The child's caretaker family is willing to pursue guardianship;

The parent(s) will consent to guardianship;

The child, if over 14 years of age, consents;

The juvenile court having jurisdiction supports guardianship as an option and is willing to terminate its jurisdiction when such is granted; and

Placement with a Fit and Willing Relative

Return to one or both parents have been ruled out;

TPR, adoption or guardianship are not options at the present time and the court or agency believe it is in the best interest of the child or Indian child not to pursue termination;

All relatives have been considered and there is an identified relative resource who is willing to make a long-term commitment to care for the child;

The relative resource is able to meet the child's physical, emotional, and developmental needs;

The child wants to be placed with the relative;

The relative has been fully informed of the legal effect of the placement and all available financial resources, including subsidies;

The parent(s) has been informed about the placement of the child with the relative;

If the relative plans on continuing contact with the parent from which the child was removed, they are prepared to protect the

safety of the child and make good decisions about the child's contact with his or her parent(s).

Other Planned Permanent Living Arrangement

The child objects to TPR and the court or agency believes it is in the best interest of the child or Indian child not to pursue termination;

The child is 16 years of age or older;

Adoption has been ruled out;

Guardianship or transfer of custody has been ruled out;

Placement with a fit and willing relative has been ruled out;

There is an identified appropriate planned permanent living arrangement in which the child wishes to continue living; and All possible additional services are explored with the child and/or the placement provider to provide permanency.

The child has been previously adopted and a subsequent TPR has occurred and the youth does not want to be adopted

Appendix VIII
Relative Notification Acknowledgement

RELATIVE NOTIFICATION ACKNOWLEDGMENT

Date: _____

Name: _____

Address: _____

Phone number: _____

Our family is unable to take placement of: _____ DOB: _____ for foster care.

We cannot take placement because: _____

We could take placement with the following changes in our circumstances or the child's circumstances: _____

I do not wish to be contacted again regarding placement _____

I would like to have contact if in the child's/children's best interest

Yes _____ No _____

*I do wish to be contacted if adoption becomes an option _____

I do not wish to be contacted if adoption becomes an option _____

Thank you,
Sincerely,

Name printed: _____

Name signature: _____

Date: _____

Received by: _____

Date: _____

****If a child is in a foster home for over 6 months and is doing well, the Department is not obligated to consider you as a placement resource if the foster family would like permanent placement through adoption. The Department is not obligated to move a child if it is not in their best interest or if you are unable to meet the standards for an adoptive resource, cannot be licensed, or have a permanent bar to licensure according to statutes and foster care licensing rules.**

Appendix IX
Relative Search Record

RELATIVE SEARCH RECORD

NAME OF FAMILY: _____

AGENCY CASE NUMBER: _____

Name of Child(ren) Does WICWA Apply? How was WICWA status verified?

RELATIVE PLACEMENT OPTIONS: 1. RELATIVE/KINSHIP CARE 2. RELATIVE FOSTER CARE 3. GUARDIANSHIP

DATE OF CONTACT	NAME, ADDRESS, PHONE # OF CONTACTED	TYPE OF (PHONE, FACE-TO	NAME OF CHILD(REN) DISCUSSED	RELATIVE PLACEMENT OPTIONS (USE ABOVE)	REASON FOR DECISION TO PLACE OR NOT TO PLACE	NAME OF AGENCY WORKER

Appendix X

Caseworker Contacts

Report Related Questions and Answers

Q1: How do I access my county's monthly caseworker contacts information?

A1: The CM06x100 Caseworker Contacts Report has been created to assist counties, the Division of Milwaukee Child Protective Services and the state adoption program, hereafter referred to as "Child Welfare (CW) agencies" in monitoring performance related to this requirement. This report allows CW agencies to identify their missing caseworker contacts and assess their agency's performance on a month-by-month and cumulative basis. This report can be accessed via eWReports. If you do not have the ability to access this report, work with your eWiSACWIS security delegate to obtain access to the report.

In addition, the CM06x102 Caseworker Contacts Monitoring Report is available to monitor contacts that have or have not occurred in a given time period. This report is run weekly but is also available for On-Demand use for a requested time period. This report does not provide the compliance on the Federal Fiscal Year percentage requirement.

There is also a caseworker contacts dashboard located on the DCF website which provides interactive data for each county's performance on this measure. The dashboard is located at: <http://dcf.wisconsin.gov/cwreview/dashboards/well-being/caseworker/caseworker-contacts.htm> .

Q2. Is it still possible to clean up any data entry errors pertaining to the Caseworker Contacts that occurred anytime during the Federal Fiscal Year?

A2. Yes. Correctly documenting case note contacts will positively affect an agency's performance figures for the period in which the contacts occurred. The next time the report is run; the performance figures will reflect any new data that was entered correctly for a given child. The most important factors associated with the correct documentation for case note contacts are as follows: the Date; the Type (Face-to-Face), and; the Participant (selection of the child in out-of-home care, as well as any other relevant participants).

Q3. How do kids missing from their out-of-home placements affect the overall number pertaining to our required face-to-face contacts?

A3. Children who are in a documented Missing From Out-of-Home Care placement are included in the population of children requiring contact. The federal calculation requires the inclusion of children missing from care. However, if the child is not located or able to be contacted during a given period, a face-to-face contact will not be documented for that child. Practice expectations 8 F.A.Q. – Recording & Reporting Face-to-Face Contacts associated with efforts to locate a child missing from care are provided in the DCFS Memo Series 2008-12, Definition of Missing From Out-of-Home Care and Documentation Requirements at the following website: http://dcf.wisconsin.gov/memos/num_memos/2008/2008-12.pdf.

Q4. We need to document a case note contact for a child that was already TPR'd from his family case. What do I do?

A4. On the Case Notes page, check the View Inactive Participants checkbox to see any participants that are currently in an inactive status.

Q5. How do kids in Hospital/Corrections type of out-of-home placements affect the overall number pertaining to our required face-to-face contacts?

A5. Hospitals, Corrections, Youth Corrections, Juvenile Corrections, Adult Corrections, Detention, Secure Detention (including Detention Center-Reception) all fall into a category of "episode dependent placements." These types of placements, although documented as an Out-of-Home Placement in eWiSACWIS, are **not** considered part of a defined placement episode for these reporting purposes unless they are preceded by a qualified placement (e.g. an Out-of-Home Placement such as a foster home, group home, RCC placement,).

Please see Appendix D for further information and examples regarding how the various placement settings documented on the Out-of-Home Placement page are used to determine compliance with this federal requirement.

For further information and example scenarios of qualified placement episodes vs. non-qualified placement episodes, please refer to Appendix B.

Q6: How long does a child need to be in care for the month to count in the statistics?

A6: The report looks for the first and last full calendar month a child is in an out-of-home care setting that counts. For example, if a child enters care October 4th and remains in placement through November 30th, the report will not look for a monthly face-to-face contact until November which is the first full calendar month the child has been in placement.

However, the frequency of caseworker contacts with children in out-of-home care is guided by specific policy as outlined in this policy and the caseworker-parent/family face-to-face contact policy in DCFS Memo Series 2005-10:

http://dcf.wisconsin.gov/memos/num_memos/2005/2005-10.htm

Q7. When do my face-to-face contacts need to be entered for the federal fiscal year (FFY)?

A7. The policy requires that contacts are entered within 20 working days of the date of the contact.

Policy Related Questions and Answers

Q8: How does the requirement apply when the Department of Corrections (DOC) is providing aftercare?

A8: Similar to when a private agency is involved and the CW agency is considering this private provider as a “designee,” it is up to the CW agency to request the assigned DOC staff to provide necessary information on visits to meet the requirement. The CW agency is responsible for communicating this expectation, i.e. provision of monthly contact documentation, with DOC and private provider and for ensuring this documentation is entered as an eWiSACWIS case note for a given child.

Q9: How does the requirement apply when a child is in shelter or detention as a service (sanction)?

A9: When a child or juvenile is living at home, but is given a sanction to detention or shelter, that service is not considered an out-of-home placement and therefore, a monthly caseworker contact is not required; this service may not be documented on the Out-of-Home Placement page, but can be documented on the Service page in eWiSACWIS. However, when a child or juvenile is placed in OHC and subsequently given a sanction, the child remains in OHC status and therefore, the monthly caseworker contact requirement continues to apply. Note: Whether a child or juvenile is in-home or out-of-home, any sanctions are documented as “Services.” See the eWiSACWIS Placement Documentation Manual at the following website:

http://def.wisconsin.gov/wisacwis/knowledge_web/training/placement-manual/plcm_manual.htm

Q10: If a juvenile is in a foster home then goes to detention and is waiting for the court to reach disposition, which can be a long time, is monthly contact required?

A10: If the juvenile was in a placement setting that counts for inclusion in this measure, e.g. a foster home, group home or RCC setting, prior to going to detention, monthly contact is required for the duration of the placement episode, including the period the child is in a detention placement setting.

Q11: Can the summary/narrative field in eWiSACWIS say “see note in file”?

A11: No. The caseworker’s monthly face-to-face contacts with a child or juvenile must be documented in eWiSACWIS as a case note. The eWiSACWIS case note must include a summary of the face-to-face contact.

Q12: If I enter my case note incorrectly, can the summary/narrative field in eWiSACWIS say “see other note” when I correct it (i.e., forgot to pick the appropriate participant or drop down)?

A12. Yes.

Q13: Can teleconferencing or videoconferencing be used to meet the monthly face-to-face contact requirement?

A13: No. Teleconferencing and videoconferencing do not constitute face-to-face contact.

Q14: How does the requirement apply if a child is in a hospital or psychiatric setting under Chapter 51?

A14: If the child enters a psychiatric hospital under Chapter 51 and will subsequently return home, the child's stay is not documented as an out-of-home placement and monthly contact during the hospital stay is not required.

If the hospital placement, or any other "episode dependent setting" such as detention or correctional facilities, is part of the out-of-home care episode, then monthly contact is required during the hospital or secure facilities placement.

Q15: Can tribes enter caseworker contacts in eWiSACWIS?

A15: Yes; tribes have been given access and have the technical capacity to enter case notes. It is recommended that CW agencies and tribes continue to work together to ensure monthly contact information is updated in a timely manner. It is recommended that this information be included in the 161 Agreement.

Report Related Questions and Answers

Q1: How do I access my county's monthly caseworker contacts information?

A1: The CM06x100 Caseworker Contacts Report has been created to assist counties, the Division of Milwaukee Child Protective Services and the state adoption program, hereafter referred to as "Child Welfare (CW) agencies" in monitoring performance related to this requirement. This report allows CW agencies to identify their missing caseworker contacts and assess their agency's performance on a month-by-month and cumulative basis. This report can be accessed via eWReports. If you do not have the ability to access this report, work with your eWiSACWIS security delegate to obtain access to the report. The "On Demand" reports can be used to report on a yearly total.

Q2. Is it still possible to clean up any data entry errors pertaining to the Caseworker Contacts that occurred last year between October 2008 and now?

A2. Yes. Correctly documenting case note contacts will positively affect a CW agency's performance figures for whatever period in which these contacts occurred. The next time the report is run the performance figures will reflect any new data that was entered correctly for a given child. The most important factors associated with the correct documentation for case note contacts are as follows:

- Date
- Contact Type (Face-to-Face type)
- Participant selection of the child in out-of-home care, as well as any other relevant participants

Q3. How do kids missing from their out-of-home placements affect the overall number pertaining to our required face-to-face contacts?

A3. Children who are in a documented "Missing From Out-of-Home Care" placement are included in the population of children requiring contact. The federal calculation requires the inclusion of children missing from care. However, if the child is not located or able to be contacted during a given period, a face-to-face contact will not be documented for that child. Practice expectations associated with efforts to locate a child missing from care are provided in the DCF Memo Series 2008-12, Definition of Missing From Out-of-Home Care and Documentation Requirements at the following website:
http://dcf.wisconsin.gov/memos/num_memos/2008/2008-12.pdf.

Q4. We need to document a case note contact for a child that was already TPR'd from his family case. What do I do?

A4. Contact the eWiSACWIS Help Desk for documentation issues associated with these specific case scenarios.

Q5. How do kids in hospitals or corrections type of out-of-home placements affect the overall number pertaining to our required face-to-face contacts?

A5. Hospitals, corrections, youth corrections, juvenile corrections, Adult Corrections, Detention, Secure Detention (including Detention Center-Reception) all fall into a category of "episode dependent placements". These types of placements, although documented as an Out-of-Home Placement in eWiSACWIS, are **not** considered part of a defined placement episode for these reporting purposes unless they are preceded by a qualified placement (for example, an out-of-home placement such as a foster home, group home, residential care center placement).

Please see the attached chart for further information and examples regarding how the various placement settings documented on the Out-of-Home Placement page are used to determine compliance with this federal requirement.

For further information and example scenarios of qualified placement episodes vs. non-qualified placement episodes, refer to:

http://dcf.wisconsin.gov/memos/num_memos/DSP/2008/2008-01ATTACH_3.pdf

Q6: How long does a child need to be in care for the month to count in the statistics?

A6: The report looks for the first and last full calendar month a child is in an out-of-home care setting that counts. For example, if a child enters care October 4th and remains in placement through November 30th, the report will not look for a monthly face-to-face contact until November which is the first full calendar month the child has been in placement.

However, the frequency of caseworker contacts with children in out-of-home care is guided by specific policy as follows:

http://dcf.wisconsin.gov/memos/num_memos/DSP/2008/2008-01.pdf

Q7. When do my face-to-face contacts need to be entered for the federal fiscal year (FFY)?

A7. Caseworker contact performance data is due to the federal Children's Bureau on 12/15/09 for FFY 2009 (10/1/08 - 9/30/09). In order for your agency's case notes to be counted for the FFY 2009 period, the case notes should be correctly documented in eWiSACWIS by November 30, 2009.

Q8: How does the requirement apply when the Department of Corrections (DOC) is providing aftercare?

A8: Similar to when a private agency is involved and the CW agency is considering this private provider as a “designee,” it is up to the CW agency to request the assigned DOC staff to provide necessary information on visits to meet the requirement. The CW agency is responsible for communicating this expectation, i.e. provision of monthly contact documentation, with DOC and private provider and for ensuring this documentation is entered as an eWiSACWIS case note for a given child.

Q9: How does the requirement apply when a child is in shelter or detention as a service (sanction)?

A9: When a child or juvenile is living at home, but is given a sanction to detention or shelter, that service is not considered an out-of-home placement and therefore, a monthly caseworker contact is not required; this service may not be documented on the out-of-home Placement page, but can be documented on the Service page in eWiSACWIS. However, when a child or juvenile is placed in out-of-home care (OHC) and subsequently given a sanction, the child remains in OHC status and therefore, the monthly caseworker contact requirement continues to apply. Note: Whether a child or juvenile is in-home or out-of-home, any sanctions are documented as “Services.”

See the eWiSACWIS Placement Documentation Manual at the following website:

http://dcf.wisconsin.gov/wisacwis/knowledge_web/training/placement-manual/plcm_manual.htm

Q10: If a juvenile is in a foster home then goes to detention and is waiting for the court to reach disposition, which can be a long time, is monthly contact required?

A10: If the juvenile was in a placement setting that counts, e.g. a foster home, group home or RCC setting, prior to going to detention, monthly contact is required for the duration of the placement episode, including the period the child is in a detention placement setting.

Q11: Can the summary/narrative field in eWiSACWIS say “see note in file”?

A11: No. The caseworker’s monthly face-to-face contacts with a child or juvenile must be documented in eWiSACWIS as a case note. The eWiSACWIS case note must include a summary of the face-to-face contact.

Q12: If I enter my case note incorrectly, can the summary/narrative field in eWiSACWIS say “see other note” when I correct it?

A12. Yes.

Q13: Can teleconferencing be used to meet the monthly face-to-face contact requirement?

A13: No. Teleconferencing does not constitute face-to-face contact.

Q14: How does the requirement apply if a child is in a hospital or psychiatric setting under Chapter 51?

A14: If the child enters a psychiatric hospital under Chapter 51 and will subsequently return home, the child's stay is not documented as an out-of-home placement and monthly contact during the hospital stay is not required.

If the hospital placement, or any other "episode dependent setting" such as detention or correctional facilities, is part of the out-of-home care episode, then monthly contact is required during the hospital or secure facilities placement.

Q15: Can tribes enter caseworker contacts in eWiSACWIS?

A15: No. Tribes currently have read only access and do not have the technical capacity to enter case notes. CW agencies and tribes must work together to assure monthly contact information is provided to the agency so that summary notes created by the tribal child welfare staff can be entered as eWiSACWIS case notes in a timely manner.

Appendix XI

Independent Living Transition to Discharge Plan (Additional Information)

To address the requirements of the ILTD plan, the following areas must be addressed (at minimum):

- **Obtaining and Securing Housing:** Has the youth secured an appropriate residence? If no, the agency must describe the actions needed to secure an appropriate residence and identify individuals who will assist the youth. Housing needs must also be considered for periods of time when the youth may be on break from college or other residential programs (such as the military, Job Corps, etc.), and should take into consideration housing options according to earnings. If the plan is for the youth to return to the biological family or an adult permanency resource, a comprehensive visitation plan for the 3 to 6 months prior to discharge should be developed. Options for the discharge to safe and stable housing, is expected to be available to the youth for at least the first 12 months after discharge. This priority does not apply to youth who are members of the military or job corps or full time students living in dormitories or youth who have voluntarily departed from the foster care placement without consent prior to exiting OHC at age 18 or later.
- **Source of Income:** Does the youth have a sufficient source of income upon discharge? If no, describe actions needed, the timeline, and who will assist the youth. This could include income from employment, Social Security benefits, trust funds and other potential available financial supports the youth may be eligible for. The development of a budget and savings (if not already done) shall occur as part of this planning.
- **Employment Services and Workforce Support:** Is the youth employed? If no, describe actions needed, the timeline and who will assist the youth: identify what sort of support is needed to assist in obtaining or maintaining employment over the next twelve months. Indicate any planned referrals/activities such as enrollment in Job Corps, referral to the Division of Vocational Rehabilitation (DVR), local job center, etc.
- **Management of Health Care Needs:** Has the youth applied for private health insurance coverage or Badger Care Plus to cover the costs of preventative health care and identified physical, mental, dental health and prescription needs? If no, list the actions needed, the timeline, and who will assist the youth. Applications for Badger Care Plus for Youth Exiting Out-of-Home Care must be submitted in the 30-days prior to a youth exiting care at age 18 or later. Additional action items include selection of a provider, identification of where to go for services, and education about the importance of designating another individual to make health care treatment decisions on behalf of the youth if the youth becomes unable to participate in such decisions and the youth does not have, or does not want, a relative who would otherwise be authorized to make such decisions, whether a health care power of attorney, health care proxy or other similar document is recognized under state law (so the youth may elect an individual to make health care decisions for them in the event they are not able to, and how to execute such a document if the

adolescent wants to do so (Section 477(b)(3)(K) of the Fostering Connections and Increasing Adoptions Act).

- **Continuing Education:** Will the youth receive his/her high school diploma prior to discharge? If no, indicate the last grade completed and describe the actions needed, the timeline and who will assist the youth. Also explore the options for postsecondary education as well as an education plan to pursue a postsecondary degree, certificate, or license. Describe actions needed, the timeline and who will assist the youth.
- **Identification of Mentoring/Supportive Adult:** Have persons been identified who will provide supportive relationships after the age of 18 (at least three adult resources available upon the youth's discharge to provide emotional support/advice/guidance to the youth over time)? If no, what steps need to be taken to secure at least three individuals, and who will assist in identifying these individuals with the youth? This includes efforts to assist the youth to reestablish contacts with parents, former foster parents, or other persons significant to the youth.
- **Continuing Supportive Services After Leaving Care:** Has the youth been advised of services that will be available upon his/her discharge from foster care until he/she attains the age of 21? Have arrangements been made with those service providers for the needed support upon discharge? Have goods and services that will be provided by the agency IL program (e.g. room and board, education and training vouchers, utility payments, referral, driver's license, etc.) been identified as well as information on how to access IL, ETV or DCF Scholarship funding (and other opportunities as made available)? Have community resources for special or unique needs after the age of 18 been identified including referral to adult services, Division of Vocational Rehabilitation, SAIL, etc.? If no, describe the actions needed, the timeline and who will assist the youth.
- **Other important tasks related to the successful Independent Living Transition to Discharge planning:** Have arrangements been made for the youth to receive essential documents such as is outlined in DCF Memo Series 2007 – 14)? If no, describe the actions needed, the timeline and who will assist the youth. Identify any safety concerns related to the youth's discharge. Has a safety plan been developed? Describe concerns and actions needed to address concerns, the timeline, and who will assist the youth in developing a safety plan.

Appendix XII

Supervised Independent Living Agreements and Guidelines

SUPERVISED INDEPENDENT LIVING CLIENT AGREEMENT

A Supervised Independent Living (SIL) placement offers youth who are under a court order or a Voluntary agreement and placed into out-of-home care (OHC) the ability to live in their own (or shared) apartment, flat or room (as deemed appropriate) with supervision, support and monitoring from a caseworker. The youth can expect the child welfare agency responsible for supervision to continue case management and any associated services for the duration of the Court Order or Voluntary Transition to Independent Living Agreement. Please check all that apply:

- ☐ I am willing to be employed and work diligently at maintaining my employment.
- ☐ I agree to open a savings account with the assistance of my caseworker or designee.
- ☐ I agree to put a mutually agreed upon portion of my earnings into my savings account.
- ☐ I will participate in my educational program until the program is completed.
- ☐ I agree to participate in activities to prepare me for living independently.
- ☐ I will not break any city, county or state ordinances including but not limited to possession of or use of illegal drugs, alcohol or participate in other illegal activities.
- ☐ I agree to observe local curfew ordinances or as designated by the SIL program.
- ☐ I will participate in all conditions of my Court Order or Voluntary Transition to Independent Living Agreement.
- ☐ I will keep all scheduled appointments with my caseworker, SIL program, probation officer, therapist and others involved in my program and Permanency Plan.
- ☐ Once housing is secured, I agree to follow all the rules of the household, landlord, or manager including no overnight guests.

Failure to comply with these expectations may be cause to have your participation in the SIL placement terminated. By signing this document, you are agreeing to the terms listed above and understand the effort required to live up to these standards.

Participant Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____

SIL Placement Provider Signature: _____ Date: _____

PERSONAL SAFETY AGREEMENT

In the interest of your personal safety and well-being please review and sign the agreement below:

1. I will never let a stranger know where I live or enter my apartment and will report any suspicious behavior or harassment to my caseworker or program coordinator.
2. I will not share my phone number with people I do not know or feel that I can't trust.
3. If I have problems with my locks, electricity, gas or plumbing in my home, I will notify my caseworker or program coordinator or landlord.
4. I will check my smoke detector weekly to make sure it works and replace the batteries when needed or every six months.
5. If I do not know how to operate my stove, oven or other appliances, I will ask for assistance.
6. Before I leave my home, I will make sure that:
 - My stove is turned off;
 - The faucets are turned off;
 - All appliances are turned off (iron, curling iron, radio, TV, etc.);
 - All valuables are not left out in the open;
 - All windows and doors are locked; and
 - I have my key to get back in when I return.
7. I will not enter the car of anyone I do not know or who is under the influence of drugs or alcohol.
8. I will follow my curfew and make sure I have a ride home from any late night activity. I will use good judgment when out late at night and will avoid having to be out alone after 11:00 p.m. or placement curfew.
9. I will make sure I know the location of the fire extinguisher in my home and how to use it.
10. I will post emergency numbers near or save them in my phone.
11. I understand the danger that weapons pose to myself and others and will not be in possession of guns, knives, brass knuckles, or anything that could be considered a weapon.

I have read and understand the above safety guidelines and I agree to abide by them.

Youth's signature: _____ Date: _____

Staff Member's Signature: _____ Date: _____

Guidelines for a Shared Living Agreement

These guidelines can be used as a basis for a written understanding between individuals providing for or sharing a home with youth in a Supervised Independent Living (SIL) setting. It is broad in scope, covering many aspects of shared daily living; however agreements should be individualized, reflecting the specific values, concerns and personalities of those involved. The agreement should aid in the creation and maintenance of a successful placement, which supports youth's continued transition to independent adulthood. Since individuals and circumstances change, the agreement should be renegotiated and updated, as needed and appropriate.

GUIDELINE TOPICS:

Individuals should discuss and agree upon the expectations, rights and/or responsibilities for each of the categories listed. The bullet points under each category are intended to be a prompt for discussion purposes only. There is no need to reach agreement on each item (for example, not every agreement will include something about shared meals or a curfew). In addition youth, roommate and/or provider should address any additional issues not included in the checklist that are important to their situation.

If the placement or household is currently licensed, all licensing rules remain in effect.

Determine Skills/Interests and opportunities for Mentoring

- Interests of the youth
- Strengths of the youth and the provider
- Areas youth wants to gain skills or resources from provider
- Areas of shared interests

Household Agreements and Customs

- Check in/curfew and communication on schedules and vacations
- Noise level (i.e. loud music) as well as "quiet time" in the home
- Language (i.e. swearing, name calling)
- Cigarette smoking
- Guests in the house/appropriate visiting times (including overnight)/parties
- Identify shared items (including use of car)
- Identify shared and personal space
- Expectations regarding meals together, holidays, and other joint activities
- Rules around television/computer/video games
- Furnishing/decorating options
- Privacy for both provider or roommate and youth
- Periodic check-ins or "house meetings"

Health and Safety Concerns:

- Sharing information on medications in case of emergency
- Sharing information on allergies (to foods or medications)

Household Chores and Responsibilities

- Individual Chores (laundry, replacement of damaged or broken items)

- Shared Chores: (cleaning, cooking, dishes, shopping, yard work, routine maintenance, care of pets)

Attendance and Performance at School and/or Work

- Periodic check-in regarding school/work including schedules

Financial

- Allocation of foster care benefit, specifying provider and/or youth allotment
- Financial responsibility for particular items/bills/expenses
- Monthly allowance or stipend/monitored or unmonitored by provider
- Budgeting for expenses

Drugs and Alcohol:

- Clarity on response/consequences for drug and alcohol use both in and out of home (e.g. required counseling for repeated use of alcohol)

Conflict Resolution

- The youth and provider or roommate meet individually and/or together with worker
- The youth and caregiver meet individually and/or together with an outside counselor
- Written plan for resolving conflict/consequences for violations of agreement

Components of Transition to Independent Living Programming

A. Help youth develop basic self-sufficiency skills, so that they will transition to independence with the ability to access resources and services without the assistance of a caseworker at the completion of the program.

The focus of this component is to cultivate:

1. A vision of a positive future within youth;
2. Self-advocacy, through an internal locus of control, an increased sense of personal responsibility, and confidence; and
3. Positive values-based decision-making.

Methods

1. Partner with youth in developing and updating his/her independent living plan; covering the major life domains such as education, employment, housing, finances, family, and community. Effective planning is created at the direction of the youth in order to reinforce responsibility for success and a sense of ownership in the future. Planning includes goal setting, identification of action steps, check-in meetings, celebration ceremonies (for accomplishments), and everyday opportunities to interact with caring adults. Youth also determine how discharge or transition from the program should take place.
2. Partner with youth to help him/her identify needs and how to access services, facilitating connections and access to community resources as appropriate. Focus areas include:
 - a. Knowledge of Health Care: Includes general physical health, medication management, wellness planning (e.g., immunizations, nutrition, obesity, exercise, etc.), dental health, vision and hearing screening and care, mental health care, and violence prevention (e.g., healthy relationships, domestic violence prevention, gang violence prevention, etc.); and sexual and reproductive health. Work with the youth to document health history of parents, secure access to health insurance coverage and identify a health care proxy.
 - b. Knowledge of Life Skills: Life-skills training includes the basics of self-sufficiency and responsible living within the community. Skills include soft skills such as time and stress management, decision-making, coping, multitasking, and prioritizing; as well as hard skills such as: cooking, budgeting, banking, employment search, parenting, laundry, and grocery shopping.
 - c. Provide peer learning opportunities and support that recognizes the youth as an individual, incorporating her/his developmental needs. Allow youth opportunities to “fail safely” by providing allowances for youth to make mistakes and learn from those experiences, with natural and logical consequences that enable them to correct mistakes while remaining in the placement.

- d. Well-being: Facilitate access to education and employment supports, affordable transportation, socialization, community endeavors and access to spiritual resources as desired.

B. Housing Stability: Facilitate attainment of safe, stable and affordable housing support and resources that promote continued housing stability and independent living upon completion of the program.

1. Exploration of safe and affordable housing.
 - a. Creating a budget for future housing.
 - b. Decision making: Listing pros and cons of different living environments, of having roommates, location, etc.
 - c. Practice looking for housing in the newspaper and completing rental applications.
 - d. Practice looking at apartments and meeting with landlord.
2. To accomplish this for Supervised Independent Living placements need to facilitate:
 - a. Financial support and/or access to financial support (e.g., assistance, vouchers, etc.).
 - b. Housing navigation to locate safe, appropriate housing; providing a variety of options (e.g., group homes, scattered sites, etc.) to meet the needs of individual youth;
 - c. Varied levels of supervision and structure to facilitate the experience of living independently while still in contact with caring, supportive adults;
 - d. Assistance with moving, setting up and maintaining utilities, and access to and/or provision of basic supplies, furnishings, and supplies for children;
 - e. Education and advocacy regarding landlord/tenant rights and laws;
 - f. Communication and conflict resolution with landlord when needed to prevent eviction;
 - g. Education on leasing options and legal rights when roommates are involved;
 - h. Tenant lease compliance (including on time rental payment), safe housing maintenance, and cleanliness;
 - i. Access to education and employment supports that are critical for maintaining safe and stable housing (i.e.: safe, affordable and reliable transportation);
 - j. Uninterrupted, continued housing stability at completion of program by:
 - i. Offering youth the opportunity to keep all furnishings and to stay in current housing or
 - ii. Transitioning youth to a new stable housing situation, and provide assistance with securing furnishings and moving;
 - iii. Providing access to emergency funds (i.e., first/ last month's rent, utility deposits, utilities) if needed; and
 - iv. Helping to set housing goals and educate about the possibility of home ownership; and first time home buyer programs.

C. Supports and Resources to Promote Financial Stability:

Help youth to work toward financial stability by facilitating financial literacy, educational attainment and employment at a livable wage by:

1. Facilitating access to education supports:
 - a. Work with youth to develop education and career plan with long-term and short-term goals and track progress toward attainment of those goals;
 - b. Provide exposure to a range of postsecondary education options and career paths, resources, services, access and support cultivating a positive attitude toward education;
 - c. Help youth complete high school or earn a GED;
 - d. Facilitate access to tutors or a structured learning program; and/or contact person for vulnerable youth, on campus;
 - e. Facilitate access to job training, technical internships, and/or voluntary services;
 - f. Help youth develop a financial plan for education and access financial support.
2. Facilitate access to employment supports in order to help youth attain and maintain sustainable employment, with a steady income at a livable wage.
 - a. Facilitate access to an employment liaison, job coach, and/or connections to employers and/or mentors to cultivate development of hard and soft skills (e.g., interviewing skills, professional attire, resume-writing, time management, etc.).
 - b. Assist youth in maintaining employment obtained by providing mentoring mediation when needed, thus trouble-shooting prior to issues developing.
 - c. Facilitate access to publicly funded programs, including food stamps, WIC, and support for health care, etc.
3. Money Management:
 - a. Provide education to increase knowledge and skills related to financial literacy through educating youth on credit cards, opening/maintaining savings and checking account;
 - b. Take field trips with the youth to a local bank;
 - c. Practice budgeting and shopping for groceries, household goods and clothing and paying bills;
 - d. Review pay stubs;
 - e. Develop short-term and long-term financial goals with youth;
 - f. Help youth secure needed documents; conduct a credit check;
 - g. For youth who are parents, facilitate access to legal assistance:
Educate youth on child support laws and how to access child support when necessary;
 - h. If needed, provide information on expunging juvenile records.
4. Facilitate access to education and employment supports; safe, stable, and affordable child care and transportation, as these services play a role in being able to maintain healthy relationships and stability.

D. Cultivate a sense of self-worth and right to healthy relationships

1. The spectrum of relationships include: *peers, family, partners, neighbors, community, professionals, landlords, their child's other parent, etc.*
 - a. Provide education to develop an understanding of healthy relationships and educate youth to identify abuse, neglect, and trauma;
 - b. Help youth develop communication, and conflict resolution skills; provide anger and stress management counseling and mental health services as appropriate, negotiate healthy relationships;
 - c. For those with children, facilitate access to couples' counseling and coparenting classes to keep the other parent engaged;
 - d. Help youth to develop an understanding of the importance of setting boundaries with her/his family.
2. Facilitate development of a positive social network; cultivating supportive relationships with family or family-like individuals; establish relationships with a healthy peer network, mentors, caring adults, family connection with appropriate boundaries; social resources to call upon when needed.
3. Continue to consider opportunities for legal permanence.

GLOSSARY OF TERMS

“Acknowledged father” means a man who has filed an acknowledgment of paternity of a child with the State Registrar under s. 69.15(3)(b)3., Stats. This requires that both the mother and father sign a statement acknowledging paternity on a form provided by the State Registrar. If a parent is under the age of 18 years, the parent of that mother or father must also sign. The filed statement acknowledging paternity is a conclusive determination and has the same effect as a judgment of paternity. [Ref. s. 767.62, Stats.]

Note: The acknowledgement form is entitled “Wisconsin Voluntary Paternity Acknowledgment”. Filing a correctly completed form with the State Registrar will result in the father’s name being added to the child’s birth certificate. The State Registrar manages the Vital Records Section of the Department’s Bureau of Health Information and Policy.

“Adjudicated father” means a man whom the court has determined to be the father through a judicial process, and has entered an order or judgment of paternity. [Ref. s. 767.51, Stats.]

“Age or developmentally appropriate activities” means activities that are generally accepted as suitable for children of a given chronological age or level of maturity or that are determined to be developmentally appropriate for a child based on the cognitive, emotional, physical, and behavioral capacities that are typical for children of a given age or age group, or in the case of a specific child, activities that are suitable for the child based on the cognitive, emotional, physical, and behavioral capacities of that child.

“Alleged father” means a man whom the mother states she believes is the father or a man who claims he is the father of a child but has not been legally determined to be the father.

“Caseworker” means the social worker or other professional staff person, under ss. 48.067, 48.069, 938.067, and 938.069, Stats., assigned by the agency to provide general case supervision, to make child removal and placement decisions, or to provide case management for a child under the care or supervision of the agency. Caseworker can include, but is not limited to: a tribal caseworker, facility caseworker, treatment foster care caseworker, out-of-state caseworker, collaborative caseworker, contracted staff, or contracted aftercare staff.

“Child” means a person who is under the age of 18, or is a person aged 18 years who came into the supervision of the agency when under the age of 18, remains under the jurisdiction of the court, and is enrolled full-time in a high school program or its vocational or technical equivalent and is expected to graduate or complete his or her course of study by age 19. For purposes of this policy, unless otherwise specified, “child” includes a “juvenile” as defined in §. 938.02 (10m) or 938.57 (3).

“Fit and willing relative” means a relative, as defined in s. 48.02(15) Stats., of the child who successfully completes a background check under s. 48.685, Stats., who has expressed a willingness to provide care for the child until the child is 18 years of age, who has the physical,

emotional, and mental capacity to provide for the child until the child's 18th birthday, and who has the willingness and capacity to protect the child from maltreatment.

“Imminent” refers to the belief that dangerous family behaviors, conditions, or situations will remain active or become active within the next several days to a couple of weeks and will have an impact on the child within that timeframe. This is consistent with a degree of certainty or inevitability that danger and harm are possible, even likely, outcomes without intervention.

“Indian child” means any unmarried person who is under age eighteen years of age and is either:

- (a) A member of a federally recognized Indian tribe, band, or community, or
- (b) Is both eligible for membership in a federally recognized tribe, band, or community and is the biological child of a member of the tribe, band, or community.

“In-home safety plan” refers to safety management so that safety services, actions, and responses assure a child can be kept safe in his/her own home. In-home safety plans include activities and services that may occur within the home or outside the home, but contribute to the child remaining home. People participating in in-home safety plans may be responsible for what they do inside or outside the child's home. An in-home safety plan primarily involves the home setting and the child's location within the home as central to the safety plan, however, in-home safety plans can also include periods of separation of the child from the home and may even contain an out-of-home placement option such as on weekends (e.g., respite). (See *CPS Safety Intervention Standards, Appendix 8*).

“KIDS”, is the child support information management system operated by the Wisconsin Department of Workforce Development, Division of Child Support. Child welfare agency staff should consult DCFS Information Memo 2006-19 for guidance regarding access to KIDS for child welfare purposes. KIDS automatically accesses a large number of state and federal databases on a regular and frequent basis to update information. KIDS can provide information on the identification and location of parents, including alleged fathers. See Appendix 2 for a listing of databases accessed by KIDS.

“Observable” refers to family behaviors, conditions or situations representing a danger to a child that are specific, definite, real, can be seen, identified and understood and are subject to being reported, named, and justified. The criterion “observable” does not include suspicion, intuitive feelings, difficulties in worker-family interaction, lack of cooperation, or difficulties in obtaining information.

“Out-of-Control” refers to family behavior, conditions or situations which are unrestrained resulting in an unpredictable and possibly chaotic family environment not subject to the influence, manipulation, or ability within the family's control. Such out-of-control family conditions pose a danger and are not being managed by anybody or anything internal to the family system. The family cannot or will not control these dangerous behaviors, conditions or situations.

“Out-of-home care provider” refers to the foster parent, relative out-of-home care provider or any other adult providing care in the placement home. This includes adults who are being considered as potential out-of-home care providers and actual out-of-home care providers in the course of placement.

“Parent”, as defined in s. 48.02(13) Stats., means either a biological parent, a husband who has consented to the artificial insemination of his wife under s. 891.40, or a parent by adoption. If the child is a non-marital child who is not adopted or whose parents do not subsequently intermarry under s. 767.60, “parent” includes a person acknowledged under s. 767.62 (1) or a substantially similar law of another state or adjudicated to be the biological father. “Parent” does not include any person whose parental rights have been terminated.

For an Indian child, a **“parent”** means any biological parent or parents of an Indian child, any Indian person who has lawfully adopted an Indian child, including adoptions under tribal law or custom, or other person considered to be a parent under such definition of the affected tribe. “Parent” does not include the unwed father where paternity has not been acknowledged or established by court order. (25 USC 1903, ICWA)

“Presumed father” means a man assumed to be the father because he was married to the mother at the time of the birth of the child, or they were subsequently married after the birth of the child but had a relationship with one another during the time the child was conceived. The presumption of paternity can be rebutted. [Ref. s. 891.41(2), Stats.]

“Reasonable and Prudent Parenting Standard” means a standard for an out-of-home care provider making decisions concerning a child’s participation in age or developmentally appropriate extra-curricular, enrichment, cultural, and social activities that is characterized by careful and sensible parental decisions that maintain the health, safety, cultural, religious or tribal considerations, and the best interests of the child while at the same time encouraging the emotional and developmental growth of the child.

“Relative”, as defined in s. 48.02(15), Stats., means a parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, first cousin, second cousin, nephew, niece, uncle, aunt, step-uncle, step-aunt, or any other person of a preceding generation as denoted by the prefix of grand, great, or great-great, whether by blood, marriage, or legal adoption, or the spouse of any person named in this subsection, even if the marriage is terminated by death or divorce.

For an Indian child, a **“Relative”** also includes members of the extended family as defined by the law or custom of the Indian child’s tribe or, in the absence of such law or custom, shall be the person who has reached the age of eighteen and who is the Indian child’s grandparent, aunt or uncle, brother or sister, brother-in-law, sister-in-law, niece or nephew, first or second cousin, or stepparent (25 USC 1903, ICWA).

“Severity” refers to the degree of harm that is possible or likely without intervention. As far as danger is concerned, the safety threshold is consistent with severe harm. Severe harm includes such effects as serious physical injury, disability, terror and extreme fear, impairment and death.

The danger threshold is also in line with family conditions that reasonably could result in harsh and unacceptable pain and suffering for a vulnerable child. In judging whether a behavior or condition is a threat to safety, consider if the harm that is possible or likely within the next few weeks has potential for severe harm, even if it has not resulted in such harm in the past. In addition to this application in the threshold, the concept of severity can also be used to describe maltreatment that has occurred in the past.

“Sibling” means a person who is a brother or sister of the child, whether by blood, marriage, or adoption including a person who was a brother or sister of a child before the person was adopted or parental right to the person were terminated [Ref. s. 4838(4)(br), Stats.] This definition is for the purpose of placement in out-of-home care or placement for adoption.

“Trial Reunification” means a period of 7 consecutive days or longer, but not exceeding 150 days, during which a child who is placed in an out-of-home placement under §. 48.355, 48.357 §., 938.355, or 938.357 resides in the home of a relative of the child from which the child was removed or in the home of either of the child's parents for the purpose of determining the appropriateness of changing the placement of the child to that home.

“Trial Reunification Home” means the home in which in which a child resides during a trial reunification.

“Vulnerable Child” refers to a child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age; physical and emotional development; ability to communicate needs; mobility; size and dependence and susceptibility. This definition also includes all young children from 0 – 6 and older children who, for whatever reason, are not able to protect themselves or seek help from protective others.
